

Application for “Common Victualler” License

TO THE CITY OF LOWELL LICENSE COMMISSION:

The undersigned respectfully makes application for the following type of license: “Common Victualler”

THIS IS A PDF FORM – USE FREE ADOBE READER TO TYPE (SIGN BY HAND).

Applicant

Manager/Owner :

Signature

Date

Business Entity :

D/B/A Business Name :

Federal Corp. Tax ID Number NOT Social Security

Business Street Address :

License Fee: \$75.00

Zip Code :

Paid :

~~For Office Use~~

Business Phone:

Prepped :

~~For Office Use~~

Business E-mail:

Issued :

Supporting Documents – required before you go before the License Commission

New Applications must include:

Relevant Work History for the owner(s) and manager(s): Please describe prior experience relevant to the operation of this type of licensed establishment; you may attach a resume that includes such experience.

Corporations, Inc., & LLC must include a **certified** copy of your *articles of organization* or *certificate of organization*, which you filed with the Massachusetts Secretary of State when you formed your company.

<https://www.sec.state.ma.us/cor/corpweb/cordom/dominf.htm>

A copy of the *business certificate* which was filed with the City of Lowell “City Clerk.”

<https://www.lowellma.gov/386/City-Clerk>

A background information form for individuals, partners, officers, and members. (*Next Page*)

A copy of your current Food Permit & proof of “knowledge of MA Health regulations regarding food allergies,” which you obtain from Lowell Development Services. <https://www.lowellma.gov/591/Permitting-Information>

If Occupancy > 50 and/or you serve alcohol: a Certificate of Inspection, which you obtain from the City of Lowell Development Services. <https://www.lowellma.gov/612/Development-Services-Fees>

If you serve alcohol: a copy of your Certificate of Liability Insurance, including Liquor, with the “City of Lowell License Commission” as the Certificate Holder.

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Background Information for each manager, owner, and board member.

Role in the business:

Name: _____

Home Address: _____

Length at Residence: _____

Day Phone: _____

Cell or Home Phone: _____

E-mail: _____

Role in the business:

Name: _____

Home Address: _____

Length at Residence: _____

Day Phone: _____

Cell or Home Phone: _____

E-mail: _____

Role in the business:

Name: _____

Home Address: _____

Length at Residence: _____

Day Phone: _____

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