

License Commission
Law Office, room 64
3rd fl., City Hall
375 Merrimack St.
Lowell, MA 01852
Tel. # 978-674-4156
Fax 978-453-1510
Email rwynn@lowellma.gov

Application for common victualler license requires the following:

- 1) Application is to be signed by individual, partners, corporate officer, or managing member.
- 2) Additional information – business name, business address, and business phone – to be recorded on application.
- 3) An application filed in the name of a corporation or limited liability company shall include a certified copy of *articles of organization* or *certificate of organization* filed with the Massachusetts Secretary of State.
- 4) A copy of the *business certificate* filed with the City Clerk of Lowell [978-674-4161] is to be included as part of the application.
- 5) Background information form is to be completed and filed for the individual, partners, officers, and members.
- 6) Applicant is to record a “tax identification number” on the application, and on the “background information form.”
- 7) Lowell Health Department [978-674-4010] shall inspect the premises. A license is issued after satisfactory inspection.
- 8) Applicant is to be knowledgeable of the Massachusetts Dept. of Public Health regulations on *food allergies*.
- 9) The annual license fee to be paid to the City of Lowell is \$75.00; license expires December 31st.

TO THE LOWELL LICENSE COMMISSION:

The undersigned respectfully makes application for the following type of license for the calendar year

COMMON VICTUALLER

Corporation Name:
or
LLC
Partnership
Sole proprietor

↑ SIGNATURE ON LINE

Business Name

Business Address

Federal/Employee Identification Number:

Business Telephone

Mailing Information

Date Filed

Granted

Issued

Health Inspection

License Number

License Fee: **\$75.00**

Mail to:
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Background Information by License Applicant
[print or type]

Name _____

Home address _____

City/Town, State, Zip Code _____

How long a resident at the above address _____

Day time telephone #, include area code _____

Other telephone #, area code, if available _____

Date of birth _____

Birthplace _____

Social Security # _____

Federal/Employee Identification # _____