



Town of Middleton
Memorial Hall
48 South Main Street
Middleton, Massachusetts
01949-2253
978-777-3617
www.middletonma.gov

Common Victualler/General License Application

ALL QUESTIONS MUST BE ANSWERED AND A TELEPHONE NUMBER PROVIDED

1. Licensee Name: _____
2. Name of Manager: _____
3. Social Security Number/FID Number: _____
4. Business Address: _____
5. Home Address: _____
6. Telephone Numbers (Please provide all numbers by which you can be reached):
Business Phone: _____
Cell Phone: _____
Home Phone: _____
7. Email Address: _____
8. Registered Voter? Yes No
9. Are you a U.S. Citizen? Yes No
10. Court and Date of Naturalization (if applicable) _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)
- 10a. Where? _____
11. Identify your criminal record: (Massachusetts/Any other state/Federal): Have you had any arrests or appearance in a criminal court or have you been charged with a criminal offense regardless of final disposition; (Must check either Yes or No)
 Yes No

If yes, please describe offense(s) specific charge and disposition (fine, penalty, etc.)

12. Prior experience in the restaurant/food establishment industry: ____ Yes ____ No
If yes, please describe:

13. List all employment for the last five years:

14. Hours per week to be spent on the licensed premises: _____

15. Days and Hours of Operation: _____

16. Seating Capacity: _____

17. Do you own or lease premises? _____ Own _____ Lease

17a. If Leased, From Whom? _____

17b. Terms of Lease? _____

(Please provide a copy of lease agreement)

Licenses Fees: Common Victualler licensing fees are \$100 and then \$100 for annual renewal every November.

I hereby swear under the pains and penalties of perjury that the information I have given in this application is true to the best of my knowledge and belief.

Printed Name of Owner

By: _____ Date: _____
(Signature)

Town of Middleton, Massachusetts
Revenue Enforcement and Protection Certification (REAP)

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I hereby certify under the penalties of perjury that I to my best knowledge and belief, have filed all State tax returns and paid all state taxes required by law.

Name of Company: _____

Address: _____

Title of Person Signing: _____

Signature of Individual or Corporate Name: _____

Printed Name of Above: _____

Contact Telephone Number: _____

Date: _____

Social Security Number or Federal Identification Number: _____

Email Address: _____