

SOMERVILLE, MA, GUIDE TO ALCOHOL LICENSES

Pursuant to MGL c138, a license must be obtained before distributing or selling alcoholic beverages in Somerville. Licensure is valid for up to one year, from issuance through the following December 31. The nonrefundable Application fee payable to the City of Somerville is \$200 (\$100 to Extend Hours or Add Cordials). License fees are as follows:

New or Transferring All-Forms Alcohol Restaurant License	\$5,500
Extension of Hours to 2AM on Weekends (<i>Not available to new applicants</i>)	\$1,000
Extension of Hours to 10AM on Sundays	\$ 100
New or Transferring All-Forms Alcohol Package Goods License	\$5,500
New or Transferring Club License	\$4,000
New or Transferring Wine and Malt Restaurant License	\$3,500
Addition of Cordials	\$ 200
New or Transferring Wine and Malt Package Goods License	\$4,000
New or Transferring Farmer Series Pouring License	\$2,000
Other Alcohol Transactions in this Guide	\$ 0

REQUIRED LICENSES:

- This application package is valid for all types of alcohol license transactions. In addition:
 - For on-premises dining, you must complete a Common Victualer application, available separately.
 - For lodging, you must complete an Innholder application, available separately.
 - For entertainment (live or recorded music, entertainers, a dance floor, films, TVs, DJs, etc.) you must complete an Entertainment application, available separately.

FEES:

- Upon application, prepare a \$200 check payable to City of Somerville (\$100 to Extend Hours or Add Cordials), AND a \$200 check payable to MA Alcoholic Beverages Control Commission (ABCC).
- After applying, be prepared to pay for any required legal notices.
- When the license is issued, be prepared to pay the nonrefundable fees in the table above.

TIMELINE:

- If your application requires a public hearing, submit it at least 20 days before the Licensing Commission can consider it. It may not appear on an agenda with less lead time.
- If your application doesn't require a public hearing, submit it at least 10 days before the Licensing Commission can consider it. It may not appear on an agenda with less lead time.
- The Licensing Commission may take 4 to 10 weeks to make its decision.
- The ABCC may take 4 to 12 weeks to make its decision.
- The city may take 1 to 4 weeks to issue the license, depending on the subsequent municipal approvals that are required.

APPLICATION PROCESS:

- Submit the application to: Licensing Commission, City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, phone 617 625-6600 x4108, email licensing@somervillema.gov, fax 617 625-4239.
- Include all forms required by the state and city, and all sign-offs of city officials.
 - State forms are available on the state's website (<http://www.mass.gov/abcc/forms.htm>: select the Retail Forms tab). **The State Forms must be filled out online, then printed.**
 - City forms are available at the City Clerk's Office, and on the city's website (<http://www.somervillema.gov/FormsLibrary.cfm?orgunit=LICENSE>: for Department, select Licensing Commission).
- Licensing Commission staff will guide you if a public hearing is necessary. Public Hearings require that you 1) pay for published legal notices, 2) send notices to abutters, nearby schools and churches, and 3) post a notice on the premises.
- Whether or not a public hearing is required, you must appear before the Licensing Commission to discuss your application.
- If the Licensing Commission approves your application, the city forwards it to the ABCC.
- If the ABCC approves your application, you must then obtain all other municipal approvals (i.e. building code, health inspection, fire inspection, treasury, etc.) to receive your license.

GENERAL INSTRUCTIONS:

1. Each TRANSACTION on the pages that follow lists the state, city, and other forms that are required.
2. Contact these departments for any required signoffs:

Fire Prevention Bureau: 617 623-1700 x8400	Mon-Fri 8-10AM, 3-4PM 1 Franey Road (DPW behind Trum Field on Broadway)
Inspectional Services Division: 617 625-6600 x5600	Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon 1 Franey Road (DPW behind Trum Field on Broadway)
Health Inspector: 617 625-6600 x4331	Mon-Wed, 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon 1 Franey Road (DPW behind Trum Field on Broadway)
Director of Prevention: 617 625-6600 x2570	Mon-Wed 9AM-4PM, Thu 9AM-7PM, Fri 9AM-Noon 50 Evergreen Avenue (City Hall Annex)

3. If contacting the Ward Alderman is required, Licensing Commission staff can provide contact information. Be prepared to meet with neighborhood groups as well.
4. If a Notice Posting is required, post it in a place on the premises that is clearly visible to the public, and keep it posted (replacing it if needed) until the Licensing Commission approves or denies the application.
5. For the "Certificate of Good Standing" form, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off:

Treasury: 617 625-6600 x3500	Mon-Wed 8:30-4PM, Thu 8:30-7PM, Fri 8:30-Noon 93 Highland Avenue (City Hall)
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A NEW LICENSE APPLICATION requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. CORI Request Form for each new owner/manager. All owners and managers must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. If a partnership, applicant's written partnership agreement.
5. If a corporation, applicant's Articles of Organization as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
6. If a corporation, Vote of the Board of Directors authorizing the application and manager.
7. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
8. Purchase and Sale documents for the premises, equipment, furniture, etc., or Lease documents for the legal right to the premises, equipment, furniture, etc.
9. Documents verifying sources of financing (i.e. 3 months of bank statements, loan documents, stock sales, notarized statement of funding, etc.).
10. Certificate of Good Standing.
11. Workers Compensation Insurance Affidavit.
12. Menu (the proposed menu, with pricing).
13. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
14. Contact the Ward Alderman and be prepared to meet with neighborhood groups to discuss the application.
15. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 2 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

A TRANSFER OF LICENSE requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. CORI Request Form for each new owner/manager. All owners and managers must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. If a partnership, applicant's written partnership agreement.
5. If a corporation, applicant's Articles of Organization as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
6. If a corporation, Vote of the Board of Directors authorizing the application and manager.
7. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
8. Purchase and Sale documents for the premises, equipment, furniture, etc., or Lease documents for the legal right to the premises, equipment, furniture, etc.

9. Documents verifying sources of financing (i.e. 3 months of bank statements, loan documents, stock sales, notarized statement of funding, etc.).
10. Certificate of Good Standing.
11. Workers Compensation Insurance Affidavit.
12. Menu (the proposed menu, with pricing).
13. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
14. Contact the Ward Alderman and be prepared to meet with neighborhood groups to discuss the application.
15. Be prepared for a legal notice in a local newspaper.

A TRANSFER OR ISSUANCE OF STOCK requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. CORI Request Form for each new owner. All owners must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. Certificate of Change for the new officers or directors. (Form CD-53 from Corporation Division of Secretary of State.
5. Vote of the Board of Directors authorizing the change.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.
8. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
9. Be prepared for a legal notice in a local newspaper.

NEW OFFICERS OR DIRECTORS requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. CORI Request Form for each new officer or director. All officers or directors must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. Certificate of Change for the new officers or directors. (Form CD-53 from Corporation Division of Secretary of State.
5. Vote of the Board of Directors authorizing the change.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.

NEW STOCKHOLDERS requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. Vote of the Board of Directors authorizing the change.
4. Certificate of Good Standing.
5. Workers Compensation Insurance Affidavit.
6. Be prepared for a legal notice in a local newspaper.

A CHANGE OF LOCATION requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 check the to ABCC.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
5. Purchase and Sale documents for the premises, equipment, furniture, etc., or Lease documents for the legal right to the premises, equipment, furniture, etc.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.
8. Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
9. Contact the Ward Alderman and be prepared to meet with neighborhood groups to discuss the application.
10. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 2 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

AN ALTERATION OF THE PREMISES OR THE ADDITION OF OUTDOOR SEATING requires the following:

This includes any change in the size, character, or entrances/exits of the premises, as well as outdoor seating on public or private property.

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms. In the Petition for Change of License form, include your premises' square footage and seating capacity in your answer to "Description of Alteration."
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. A copy of the blue prints or a floor plan (drawn to scale) of the proposed premises.
5. Certificate of Good Standing.

6. Workers Compensation Insurance Affidavit.
7. Contact the Ward Alderman and be prepared to meet with neighborhood groups to discuss the application.
8. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 2 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

A PLEDGE OF LICENSE OR STOCK requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the pledge.
4. Copy of loan documents (promissory note).
5. Copy of Pledge Agreement.
6. Certificate of Good Standing.
7. Workers Compensation Insurance Affidavit.

A CHANGE OF CORPORATION NAME requires the following:

A change of corporation name occurs when a corporation holding a license, e.g., “ABC Inc.”, without changing any stockholder(s), director(s), officer(s) or license manager, votes to switch its name from “ABC Inc.” to “XYZ Corporation.” Selling or transferring a license from “ABC Inc.” to “XYZ Corporation” that does change any stockholder(s), director(s), officer(s) or license manager is a transfer of license application, NOT a change of corporation name.

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. Applicant’s Amended Articles of Organization as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
4. Vote of the Board of Directors authorizing the change.
5. Certificate of Good Standing.
6. Workers Compensation Insurance Affidavit.

A CHANGE OF DBA (doing business as) NAME requires the following:

1. Licensing Commission Application Cover, and \$200 application fee. There is no ABCC filing fee.
2. All Required State Forms.
3. Copy of the Business Certificate filed with the City Clerk.

4. If a corporation, Vote of the Board of Directors authorizing the change.
5. Certificate of Good Standing.
6. Workers Compensation Insurance Affidavit.

A CHANGE OF MANAGER requires the following:

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.
3. CORI Request Form for each new manager. All managers must be United States citizens, and must be at least 21 years of age. Proof of citizenship must be provided.
4. If a corporation, Vote of the Board of Directors appointing a manager.
5. Certificate of Good Standing.
6. Workers Compensation Insurance Affidavit.

A CHANGE OF HOURS (OPENING EARLY ON SUNDAY OR STAYING OPEN LATE ON WEEKENDS) requires the following:

1. Licensing Commission Application Cover and \$100 application fee. There is no ABCC filing fee.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. Certificate of Good Standing.
5. Workers Compensation Insurance Affidavit.
6. If the applicant seeks to extend hours to 2 AM, the 2 AM Closing Application.
7. If the applicant seeks to extend hours to 2 AM, Certification of Posting of Public Notice within 5 days of filing this application, certifying that the Public Notice of Application has been posted at the premises, and will be maintained.
8. If the applicant seeks to extend hours to 2 AM, contact the Ward Alderman and be prepared to meet with neighborhood groups to the application.
9. If the applicant seeks to extend hours to 2 AM, be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 2 weeks and abutters notified by Certified Mail.

A CHANGE OF LICENSE TYPE requires the following:

This transaction is changing a section 12 license from one type to another.

1. Licensing Commission Application Cover, \$200 application fee and \$200 ABCC check.
2. All Required State Forms.

3. If a corporation, Vote of the Board of Directors authorizing the change.
4. Certificate of Good Standing.
5. Workers Compensation Insurance Affidavit.
6. Be prepared for a legal notice in a local newspaper.

A WINE AND MALT RESTAURANT SELLING CORDIALS AND LIQUEURS requires the following:

1. Licensing Commission Application Cover, \$100 application fee and \$200 ABCC check.
2. All Required State Forms.
3. If a corporation, Vote of the Board of Directors authorizing the change.
4. Certificate of Good Standing.
5. Workers Compensation Insurance Affidavit.
6. Contact the Ward Alderman and be prepared to meet with neighborhood groups to discuss the application.
7. Be prepared for an Affidavit of Notice of Mailing to Abutters and Others, including a legal notice in a local newspaper for 2 weeks, abutters notified by Certified Mail, and schools, churches or hospitals located within 500 feet of the premises notified by registered mail.

LICENSING COMMISSION APPLICATION COVER

Application Fee _____ License Fee _____

Date _____

FOR LICENSING COMMISSION ONLY
Date Recorded _____
Amount Paid _____

Check off all applications attached:

New Alcohol License Applications Attached

- All Forms Educational Institution
- All Forms Restaurant
- All Forms Packaged Goods
- All Forms Club (check one:)
 - Veterans Club Private Club
- Wine and Malt Restaurant
- Wine and Malt Packaged Goods
- Farmer Series Pouring (check one:)
 - Brewer Winery Distillery

Other License Transactions Attached

- Transfer of License
- Transfer or Issuance of Stock
- New Officers or Directors
- New Stockholders
- Change of Location
- Alteration of Premises/Outdoor Seating
- Pledge of License or Stock
- Change of Corporate Name
- Change of DBA Name
- Change of Manager
- Change of Hours (check all that apply:)
 - Opening weekends to 2 AM
 - Opening Sundays at 10 AM
- Change of License Type
- Cordials and Liqueurs

Other New License Applications Attached

- Common Victualler (*required for restaurants*)
- Innholder (*required for hotels or inns*)
- Entertainment (*required for any entertainment*)
- 2AM Closing (*required for late weekend hours*)

Business (DBA) Name: _____ Phone: _____

Location of the Business (in Somerville, with Zip Code): _____

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: _____

Applicant's Email Address: _____

Applicant's Principal Contact: _____ Phone: _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 20%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 20%: _____

Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 20%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

For new license, transfer of license, change of location, and alteration of premises applications, obtain the signatures below before submitting the application to the Licensing Commission:

___Preliminary Meeting Date _____ _____ Fire Prevention Deputy Chief or Designee	___Preliminary Meeting Date _____ _____ Inspectional Services Sup't or designee
___Preliminary Meeting Date _____ _____ Health Inspector or Designee	___Preliminary Meeting Date _____ _____ Director of Prevention or Designee

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. I understand that this license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 under law.

Signature of Applicant: _____ Date: _____



City of Somerville, Massachusetts
Licensing Commission

CORI REQUEST FORM

GSOMLL

The Somerville Licensing Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a prospective license holder or manager, I understand that a criminal record check will be conducted for conviction and pending criminal case information only. The information below is correct to the best of my knowledge.

Applicant Signature _____ Date _____

APPLICANT INFORMATION (PLEASE PRINT)

Last Name First Name Middle Name

Maiden Name (if applicable) Alias Mother's Maiden Name

Date of Birth Social Security Number ID Theft Index PIN (if applicable)*

Current Address

Prior Address

Sex (M/F) Height (ft. and in.) Weight Eye Color

Driver's License Number State in which issued

LICENSING COMMISSION VERIFICATION

Identity was verified with the following form of identification _____

CORI Authorized Employee Signature _____ Date _____

*The CHSB Identity Theft Index PIN Number should be completed if the applicant has been issued such a number by CHSB.
All CORI request forms that include this field must be submitted to the CHSB via mail or fax to 617 660-4614.

AFFIDAVIT OF NOTICE OF MAILING TO ABUTTERS AND OTHERS

To the Somerville Licensing Commission:

I, _____, of _____,
Name Name of business
located/proposed to be located at _____, hereby certify that
Address of business
the following is a true list of the persons shown upon the Assessor’s most recent valuation list as the owners of the property abutting the location above for an alcoholic beverages license:

I further certify that the following schools, churches or hospitals are located within 500 feet of the location above. If there are none, state “none”:

I further certify that the notice of this application concerning an alcoholic beverages license was given to the above by mailing to each of them within three days after publication of same, a copy of the advertisement attached below. Also attached are registered receipts/return registered receipts bearing signatures of persons receiving said notice.

Signed _____ Date _____

ATTACH ADVERTISEMENT
AND RECEIPTS HERE

NOTARIZATION

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public _____

My Commission Expires _____



**City of Somerville, Massachusetts
Licensing Commission**

CERTIFICATION OF POSTING OF PUBLIC NOTICE

INSTRUCTIONS: FILE THIS FORM WITH THE SOMERVILLE LICENSING COMMISSION WITHIN FIVE (5) DAYS AFTER THE DATE OF FILING OF YOUR APPLICATION WITH THE SOMERVILLE LICENSING COMMISSION.

THIS FORM REQUIRES THAT NOTICE HAS BEEN POSTED ON THE PREMISES.

I, the undersigned, do hereby certify all of the following:

1. In accordance with Somerville Licensing Commission Rules and Regulations, I have posted a properly completed Public Notice of Application (Notice) at the location of the subject premises in a place clearly visible to members of the public from the outside of the premises

ON THE FOLLOWING DATE:_____.

(Insert Date Here)

2. I will, at my own expense, keep said Notice posted in a conspicuous place viewable to members of the public from the outside of the subject premises, including replacing the posting whenever found missing or damaged, through the time upon which the Licensing Commission approves or denies the application, or it is withdrawn by the applicant, whichever occurs first.

CERTIFIED BY:

Sign:_____ Date:_____

Print Name and Title:_____

Name of Applicant:_____

Address of Premises:_____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, Mass. 02114
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | |
|---|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type: <input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input type="checkbox"/> Other _____ |
|---|---|

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	

(revised Jan. 2008)