



TO THE LICENSING AUTHORITY OF THE TOWN OF BOURNE:

The Undersigned hereby makes application for a

COMMON VICTUALER'S LICENSE
Under MGL, Chapter 140

FOOD VENDOR'S LICENSE.
Under Town of Bourne Bylaws
Article 3.5

Location:	
Corporate Name:	
Individual/ Partnership:	
Business Name:	
Manager:	
Date:	

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the Bylaws of the Town, and such other rules and regulations as the Selectmen may establish.

With the signing of this application the applicant acknowledges that:

- (a) It is understood that the Board is not required to grant the license;
- (b) In event of a proposed sale of a business requiring a *Common Victualer and/or Food Vendor's License*, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty-day notice of his intention to sell same before such application will be acted upon by the Selectmen;
- (c) That the license is subject to revocation if the holder of the license does not comply with state law, town bylaws or the Rules and Regulations of the Board of Selectmen.

Signature Name:	
Signature Name:	
Business Address:	
Home Address:	
Phone:	(Home) _____ (Business) _____
Email:	

NOTE: (a) If a corporation, state full names and addresses of principal officers;
 (b) If a co-partnership, information must be provided on each partner; if corporation information must be provided on corporate officer making application.

Name: _____

Name: _____

Address: _____

Address: _____

Description of Applicant

Description of Applicant

Born in U.S. Yes ____ No ____

Born in U.S. Yes ____ No ____

Born Where: _____

Born Where: _____

Date of Naturalization: _____

Date of Naturalization: _____

Male or Female: _____

Male or Female: _____

Photo (1 inch x 1 inch)

Photo (1 inch x 1 inch)

The Establishment shall operate as:

- () Sole ownership
- () Limited Liability Corporation
- () Partnership - Total Number of Partners _____
- () Corporation based in _____

Corporate information (if applicable):

President: _____
 Secretary: _____
 Treasurer: _____
 (Name) (Address)

INFORMATION RELATIVE TO APPLICANT

Is the property owned by you? (Please Check) Yes _____ No _____
 Tenant at Will _____
 Lease _____ Years _____

Hours of Operation:

Floor Space _____ Sq. Ft. Seating capacity _____
 Parking capacity _____ Number of Employees _____

One (1) copy of the following items must be submitted with the application:

1. Layout plan of facility and fixtures Date received _____
2. Site Plan Date received _____
3. Outside Facade and Sign Plan Date received _____

If the facilities are not yet completed, provide estimated cost of work to be done:

\$ _____ Date received _____

Please attach Applicant's Resume including References

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

FEE PAID: _____

Scheduled hearing when application will be presented to Board of Selectmen for Processing

Date _____ Time _____

Board Action: Approved for processing Yes No Date _____

If approved for processing Department reports are due _____ for action at the
 _____ meeting of the Board of Selectmen.

Board Action: Approved: Yes Date _____ License # _____

Signature