Required Documents for a Food Vendor/Common Victualer License

- Application
- CORI Form
- Worker’s Compensation Insurance
- A floor plan is required
- A site plan showing parking is required

Fees:

$75.00 filing fee
$50.00 license fee once approved
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 Town may establish.

With the signing of this application the applicant acknowledges that:

1. It is understood that the Town is not required to grant the license;
2. In the 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);
3. 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.

| Signature Name: | |
| Print 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: ____________________________
Address: ____________________________

**Description of Applicant**

- Born in U.S.: Yes ____  No ____
- Born Where: ____________________________
- Date of Naturalization: ____________________________
- Male or Female: ____________________________

Name: ____________________________
Address: ____________________________

**Description of Applicant**

- Born in U.S.: Yes ____  No ____
- Born Where: ____________________________
- Date of Naturalization: ____________________________
- Male or Female: ____________________________

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
2. Site Plan including Parking

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

$_______________________________
Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Bourne is registered under the (Organization) provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Bourne (Organization) to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Bourne (Organization) with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Town of Bourne (Organization) may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

________________________________________  __________________________
Signature of CORI Subject                        Date
SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

First Name: ___________________________ Middle Initial: ___________________________

* Last Name: ___________________________ Suffix (Jr., Sr., etc.): ___________________________

Former Last Name 1: ___________________________

Former Last Name 2: ___________________________

Former Last Name 3: ___________________________

Former Last Name 4: ___________________________

* Date of Birth (MM/DD/YYYY): ___________________________ Place of Birth: ___________________________

* Last SIX digits of Social Security Number: ________ -- ________

No Social Security Number

Sex: ___________________________ Height: _____ ft. _____ in. Eye Color: ___________________________ Race: ___________________________

Driver’s License or ID Number: ___________________________ State of Issue: ___________________________

Father’s Full Name: ___________________________

Mother’s Full Name: ___________________________

Current Address

* Street Address: ___________________________

Apt. # or Suite: ____________ *City: ___________________________ *State: ________ *Zip: ________

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

__________________________________________

__________________________________________

__________________________________________

Verified by:

__________________________________________

Print Name of Verifying Employee

__________________________________________

Signature of Verifying Employee

Date
CORI POLICY

Where Criminal Offender Record Information (CORI) checks are part of a general background check for employment, volunteer work or licensing purposes, the following practices and procedures will generally be followed.

I. CORI checks will only be conducted as authorized by CHSB. All applicants will be notified that a CORI check will be conducted. If requested, the applicant will be provided with a copy of the CORI policy.

II. An informed review of a criminal record requires adequate training. Accordingly, all personnel authorized to review CORI in the decision-making process will be thoroughly familiar with the educational materials made available by CHSB.

III. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on CORI checks will be made consistent with this policy and any applicable law or regulations.

IV. If a criminal record is received from CHSB, the authorized individual will closely compare the record provided by CHSB with the information on the CORI request form and any other identifying information provided by the applicant, to ensure the record relates to the applicant:

V. If the Town of Bourne is inclined to make an adverse decision based on the results of the CORI check, the applicant will be notified immediately. The applicant shall be provided with a copy of the criminal record and the organization's CORI policy, advised of the part(s) of the record that make the individual unsuitable for the position or license, and given an opportunity to dispute the accuracy and relevance of the CORI record.

VI. Applicants challenging the accuracy of the policy shall be provided a copy of CHSB's *Information Concerning the Process in Correcting a Criminal Record*. If the CORI record provided does not exactly match the identification information provided by the applicant, the Town of Bourne will make a determination based on a comparison of the CORI record and documents provided by the applicant. The Town of Bourne may contact CHSB and request a detailed search consistent with CHSB policy.

VII. If the Town of Bourne reasonably believes the record belongs to the applicant and is accurate, based on the information as provided in section IV on this policy, then the determination of suitability for the position or license will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to the following:

(a) Relevance of the crime to the position sought;
(b) The nature of the work to be performed;
(c) Time since the conviction;
(d) Age of the candidate at the time of the offense;
(e) Seriousness and specific circumstances of the offense;
(f) The number of offenses;
(g) Whether the applicant has pending charges;
(h) Any relevant evidence of rehabilitation or lack thereof;
(i) Any other relevant information, including information submitted by the candidate or requested by the hiring authority

VIII. The Town of Bourne will notify the applicant of the decision and the basis of the decision in a timely manner.