

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035
Telephone 508-543-1219 Fax 508-543-6278

COMMON VICTUALLERS LICENSE APPLICATION FORM

NOTICE: As provided by MGLA Chap. 140, the sale of food for immediate consumption on the premises of the vendor has an intimate relation to the public health, and such activity cannot be conducted without the proper licenses and permits.

THIS IS NOT AN APPLICATION FOR A CHAP. 140. SEC. 49 LUNCH CART

License Fee : \$75.00

License Expires on December 31st

DATE OF APPLICATON: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

STORE MANAGER: _____

BUSINESS TELEPHONE #: _____

HOURS OF OPERATION: _____

NAME OF APPLICANT: (List sole proprietor, partners, or corporate names.)

APPLICANT'S MAILING ADDRESS:

APPLICANT'S PHONE: _____ EMAIL _____

FEDERAL I.D. NUMBER (FID #)

DESCRIPTION OF PREMISES _____

FORMER ACTIVITY AT PREMISES :

ZONING DISTRICT: _____

ARE THE PREMISES COMPLETED: _____ YES _____ NO

If "NO", have you obtained site plan approval from the Board of Selectmen? _____

DATE: _____

Have you obtained a Building Permit? _____ DATE: _____

Have you obtained an Occupancy Permit? _____ DATE: _____

Are the premises equipped with fixtures or supplied with necessary implements and facilities to conduct the business? _____ YES _____ NO

Have you obtained a Food Service Permit? _____ DATE: _____

Have you attached a plan of the premises describing the location of all exits, restrooms, facilities and permanent fixtures? _____ YES _____ NO

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

*Signature of Individual or Corporate Name
MANDATORY

Signature of Corporate Officer
MANDATORY, IF APPLICABLE

** Social Security Number (Voluntary) or
Federal Identification Number

Signature of Applicant

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have must tax filing and tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass G. L. c.62C s.49A.

NOTICE: Entertainment and Amusements must be licensed by Chap. 140, Sec. 177A; Chap. 140, Sec. 183A; Chap. 130