



BOARD OF LICENSE COMMISSIONERS

Room 317, City Hall, Springfield, Massachusetts 01103

APPLICATION FOR COMMON VICTUALLER (RESTAURANT) LICENSE

\$100 Application Fee payable to the "City of Springfield"

_____ Renewal Request

_____ New License Request

1) Individual or Corporate Name: _____ Tel. No: _____
a) Individual Social Security No. or Corporate FID no. _____

2) Trade Name (d.b.a.): _____

3) Address of Premises: _____ Zip Code _____

4) Detailed Description of Premises (specify the floors to be licensed): _____
a) Has the premises been altered since the last Common Victualler (Restaurant) License has been issued? ____ Yes, ____ No ____ Not Applicable
b) If yes, please detail the alteration _____

5) Does the described premises have a Certificate of Occupancy ("CO") and an annual Certificate of Inspection ("CI")? Note: A CO is issued by the Code Enforcement, Building Division ((413) 787-6031) and a CI is issued jointly by the Code Enforcement, Building Division and the Fire Department ((413) 787-6411). A CI is applicable to restaurants that seat 50 or more people and all restaurants with liquor licenses.

a) CO: ____ Yes, ____ No
b) CI: ____ Yes, ____ No, ____ Not Applicable (premises seats less than 50)

6) Does Licensee have all necessary licenses from the Health & Human Services ((413) 787-6741) to operate the business? ____ Yes, ____ No
a) Please list such Health & Human Services licenses: ____ Food Service, ____ Retail, ____ Caterer, ____ Food Service Residential, ____ Mobile, ____ Milk, ____ Frozen Desserts, ____ Other

7) What time do you wish to Open? _____ What time do you wish to Close? _____

8) Landlord's Name, Address and Telephone: _____

9) Restaurant Manager's Name, Home Address and Home Telephone: _____

a) Restaurant Manager's Signature: _____

CERTIFICATION

I _____, authorized agent of _____ ("Licensee") hereby certify under the pains and penalties of perjury that: 1) the above information is true and correct; 2) The Licensee has complied with all City of Springfield and Commonwealth of Massachusetts taxes required by law and the Licensee has not neglected or refused to pay any fees, assessments, betterments or any other municipal or commonwealth charges; and 3) the Licensee is an entity in good standing with the Secretary of the Commonwealth of Massachusetts and/or the Licensee has filed a "DBA (Doing Business As) Certificate" (aka "Business Certificate") with the Clerk of the City of Springfield.

Authorized Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____, MASSACHUSETTS
On this ____ day of _____, 20__ before me, the undersigned Notary Public, personally appeared the above entitled _____ of _____ proved to me thorough satisfactory evidence of identification which was _____ to be the person whose name is signed on the proceed.

Notary Public
My Commission Expires _____