

TOWN OF WELLESLEY



MASSACHUSETTS

COMMON VICTUALLER LICENSE APPLICATION

Date Applied:	Date Approved:	Date Issued:
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<i>Office Use Only</i>	Fees Paid:	Tax Cert:	Resumes:	T&P Info:	Plan:	Interview:
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The undersigned hereby applies for a Common Victualler License in accordance with the provisions of Massachusetts General Law 140, Section 2.

(PLEASE TYPE OR PRINT CLEARLY)

Name of Applicant: _____ Date: _____

D.O.B: _____ S.S.N: _____ Dr. Lic #: _____ Fed. ID #: _____

Business Address: _____

Home Address: _____

Business Telephone: _____ Home Telephone: _____

Name & Location of Establishment: _____

Applying for: Common Victualler License only _____ Common Victualler & Liquor License _____

Common Victualler & Wine & Malt _____

Enclose Copy of Floor Plan

Size of Floor Space (square feet.): _____ Number of Seats: _____ Number of Employees: _____

CHECK ONE (If you are unsure ask the Building Department)

No Change of Use: _____ Partial Change of Use: _____ Full Change of Use: _____ New Use: _____
(See attached details regarding Required Traffic & Parking Information.)

PLAN REVIEW AND/OR PRELIMINARY APPROVAL (Required Before Common Victualler License will be Approved)

Reviewing Department	Signature of Approving Authority	Date of Plan Review/Approval
Building Department:		
Health Department:		
Fire Department:		
Design Review:		

COMMON VICTUALLER LICENSE APPLICATION (continued)

What will be the hours of operation? _____

Time(s) of Peak Customer Activity _____

Est. Number of Customers at Peak Time(s): _____ Est. Number of Employees at Peak Time(s): _____

What provisions have been made for trash removal? _____

How much parking is needed? _____

How will parking be provided? _____

What are delivery times? _____

I the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge:

Signature: _____ Printed Name: _____ Date: _____

Note: No Common Victualler License will be approved until the applicant addresses all issues and/or concerns to the satisfaction of the Board of Selectmen; and no CVL will be issued until all required inspections have been conducted, permits granted, and final approvals given.

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FOR OFFICE USE ONLY

FINAL PERMITS/APPROVALS GRANTED (Required Before CVL will be Issued)

<i>Approving Department</i>	<i>Yes</i>	<i>No</i>	<i>If "No," Reason Why</i>	<i>Date of Final Approval</i>
Building Department:				
Health Department:				
Fire Department:				
Design Review:				

Commonwealth of Massachusetts



CORI REQUEST FORM

<input type="text"/>	<input type="text"/>	LICENSEE NAME: <input type="text"/>	CITY/TOWN: <input type="text"/>
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APPLICANT INFORMATION

LAST NAME: <input type="text"/>	FIRST NAME: <input type="text"/>	MIDDLE NAME: <input type="text"/>	
MAIDEN NAME OR ALIAS (IF APPLICABLE): <input type="text"/>		PLACE OF BIRTH: <input type="text"/>	
DATE OF BIRTH: <input type="text"/>	SSN: <input type="text"/>	ID THEFT INDEX PIN (IF APPLICABLE): <input type="text"/>	
MOTHER'S MAIDEN NAME: <input type="text"/>	DRIVER'S LICENSE #: <input type="text"/>	STATE LIC. ISSUED: <input type="text"/>	
GENDER: <input type="text"/>	HEIGHT: <input type="text"/>	WEIGHT: <input type="text"/>	EYE COLOR: <input type="text"/>
CURRENT ADDRESS: <input type="text"/>			
CITY/TOWN: <input type="text"/>	STATE: <input type="text"/>	ZIP: <input type="text"/>	
FORMER ADDRESS: <input type="text"/>			
CITY/TOWN: <input type="text"/>	STATE: <input type="text"/>	ZIP: <input type="text"/>	

PRINT AND SIGN

PRINTED NAME: <input type="text"/>	APPLICANT/EMPLOYEE SIGNATURE: <input type="text"/>
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NOTARY INFORMATION

On this <input type="text"/> before me, the undersigned notary public, personally appeared <input type="text"/>
(name of document signer), proved to me through satisfactory evidence of identification, which were <input type="text"/>
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.
<input type="text"/>
NOTARY

DIVISION USE ONLY

REQUESTED BY: <input type="text"/>
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE
<small>The DCII Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCII via mail or by fax to (617) 660-4614.</small>