



TOWN OF IPSWICH

**COMMON VICTUALLER
APPLICATION/RENEWAL**
(M.G.L. Ch 140 §§ 1-9, MGL Ch 62C § 49A,
MGL Ch 152 § 25C(6) & Town Regulation)

TOWN CLERK'S STAMP

(06/03/15 P. Carakatsane)

******* ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED *******

NEW

RENEWAL

REQUIRED DOCUMENTATION

- Fee - \$100.00** **REAP Form** **Floor Plan (new licenses only)**
- Workers' Compensation Insurance Affidavit** **Worker's Compensation Policy Declaration Page**

NOTE:

IF YOU ALSO PLAN TO HAVE ENTERTAINMENT ON YOUR PREMISES, STATE AND LOCAL STATUTES REQUIRE THAT YOU OBTAIN AN ENTERTAINMENT LICENSE.

PLEASE PRINT:

Applicant's Name: _____ Applicant's Phone _____

Applicant's Address: _____

Name of Business: _____ Business Phone: _____

Business Address: _____ FID or SSN: _____

NEW APPLICATIONS ONLY: PLEASE COMPLETE THE NEXT ITEMS

1. Hours of Operation: _____
2. Former Activity at Premises: _____
2. Are Premises Completed? Yes No
If no, have you obtained site plan approval from the Planning Board? Yes No Date: _____
3. Have you obtained a Building Permit? Yes No Date: _____
Have you obtained an Occupancy Permit? Yes No Date: _____
4. Are the premises equipped with fixtures or supplied with the necessary implements and facilities to conduct the business? Yes No
5. Have you obtained a Food Service Permit from the Health Agent? Yes No Date: _____
6. Have you attached a plan of the premises describing the location of all exits, restrooms, facilities and permanent fixtures? Yes No Date: _____

<u>NEW APPLICATIONS</u>			
<i>PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTORS <u>PRIOR</u> TO SUBMITTING APPLICATION TO THE TOWN CLERK'S OFFICE</i>			
Building Inspector: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
Fire Chief: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
Board of Health: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend

I HEREBY SWEAR (AFFIRM) UNDER THE PAINS AND PENALTIES OF PURJURY THAT I AM THE PERSON NAMED ABOVE AND THAT THE INFORMATION PROVIDED BY ME IN THIS DOCUMENT IS TRUE.

Applicant's Signature _____

Date _____