



**TOWN OF HULL
SELECT BOARD**
253 Atlantic Avenue
Tel: 781-925-2000

SELECTMEN'S OFFICE FEE:
\$50.00

(Date Received)

APPLICATION FOR COMMON VICTUALER

NEW RENEWAL TRANSFER AMENDMENT

**CHANGE OF MANAGER
CHANGE OF HOURS
ONE DAY
OTHER _____**

SECTION 1 – APPLICANTS & BUSINESS INFORMATION

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Common Victualer's License, in accordance with the provisions of Chapter 140 of the General Laws.

Applicant's Full Legal Name: _____
Applicant's Legal Home Address: _____
Applicant's Mailing Address (if different): _____
Applicant's Home Telephone Number: _____ Cell Phone: _____
Applicant's E-Mail Addresses: Primary _____ Secondary _____
Applicant's (authorized) Signature _____ **Date:** _____

By signing above you are verify the accuracy of all information

Full Legal Name of the **Business**: _____
Full Street Address of the **Business**: _____
Mailing Address of the Business (if **different**): _____
Telephone Number of the Business (if **different**): _____
Current Owner/Manager of Record: _____
E-Mail Addresses of the Business (if **different**): _____
FID of the License: _____

Do you own ____ or lease ____ the premises?
If leasing, please provide the name and address of the lessor: _____

SECTION 2 – LICENSE CLASS

(Check One)

Year Round Operation: (January 01-December 31)

Seasonal Operation: (April 01 –November 30)

Expected date to open: _____ **Expected date to close:** _____

***If you plan to open your business later than the beginning license date or plan to close earlier than the license end date please explain why:** _____

SECTION 3 - HOURS OF OPERATION

NO CHANGES

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

SEE OTHER SIDE

NEW APPLICANTS AND/OR AMENDMENTS TO EXISTING LICENSE (ONLY)

SECTION 4 – TO BE COMPLETED BY NEW APPLICANTS OR AMENDMENTS ONLY

***Note*:** A PUBLIC HEARING MAY BE REQUIRED. PLEASE INDICATE WHAT CHANGES MADE BELOW:

Is your kitchen fully equipped to conduct a business _____ Size of Kitchen _____

Sink _____ Hot and Cold Water _____ Is there a Stove _____

Gas Burners _____ Electric Burners _____ Refrigerators _____

Bar _____ Lunch Counter _____ Tables # ____ / _____ Booths # ____ / _____
(no. of seats) (no. of seats) (no. of seats) (no. of seats)

Seating Capacity? Indoor _____ Outdoor _____ TOTAL Seating Capacity _____

Are there Restrooms for - Men _____ Women _____ Unisex _____

AMENDMENTS

REQUESTING CHANGE OF HOURS

New Proposed Hours of Operation:

OPEN: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

CLOSE: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Applicant's (authorized) Signature _____
By signing above you are verify the accuracy of all information

REQUESTING CHANGE OF MANAGER

Proposed Manager _____

Home Address _____

Email Address _____ Cell Phone _____

Owner/Manager's Signature _____ **Date** _____
By signing above you are verify the accuracy of all information

MGL 140 § 4 "...licenses shall expire on December thirty-first of each year; but they may be granted during December, to take effect on January first following."