



BOS 2019

APPLICATION FOR COMMON VICTUALLER LICENSE

Completed applications can be emailed to amcconnon@sturbridge.gov

APPLICANT/BUSINESS INFORMATION:

Applicant Name: _____ Applicant Phone #: _____

Applicant Address: _____

Business Name: _____ Business Phone #: _____

Business Address: _____

Email Address: _____

Type of Business: _____

Description of Premise: _____

Days & Hours of Operation: _____ Are you the sole owner: _____

If not please list the name(s) of all other owners:

1. _____
2. _____
3. _____
4. _____

(Corporation Only) Please list the names and addresses of present officers:

1. _____
2. _____
3. _____
4. _____

Please list all other licenses you have for this business: _____

Do you allow "Bring Your Own Bottle" (BYOB) at this establishment: _____		
If yes, please describe area where alcoholic beverage consumption will be allowed: _____		
Responsible Manager: _____	Age: _____	Phone #: _____
<i>NOTE: The applicant/licensee acknowledges and assents to participation in any Sturbridge Police Dept. "sting" operations as conducted for establishments licensed to serve alcohol. Applicant/licensee agrees that any on-site manager shall be at least 18 years of age.</i>		

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: _____ Dated: _____

Pursuant to MGL Ch. 62C, Sec 49A; I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: _____ Dated: _____

For Official Use Only

BOARD OF SELECTMEN ACTION:

APPROVED:

REJECTED:

Notes: