



Haverhill

License Commission, Room 118
4 Summer Street
Phone: 978-420-3623 Fax: 978-373-8490
License_comm@cityofhaverhill.com

COMMON VICTUALLERS LICENSE

General Instructions & Materials Required for Consideration

GENERAL INSTRUCTIONS

1. All applications, materials, and questions should be directed to the address listed above
2. Please see below for a complete **LIST OF REQUIREMENTS**, "*Materials Required for Consideration*"
3. Submitting an application with **INACCURATE INFORMATION** may subject the application to delay in processing
4. **ILLEGIBLE APPLICATIONS** will NOT BE PROCESSED and will be returned to the applicant.
5. All **FEES MUST BE SUBMITTED** at the time the application is submitted for processing.
→ *Please see below for fee details*

MATERIALS REQUIRED FOR CONSIDERATION

Copies are acceptable unless stated otherwise

THE ORIGINAL APPLICATION MUST BE SUBMITTED WITH 4 SETS OF COPIES OF THE APPLICATION AND ALL REQUIRED DOCUMENTS

1. **ORIGINAL APPLICATION**
2. **\$60.00 FEE for the Application**
→ Check payable to the "City of Haverhill"
3. **\$100.00 FEE for a Common Victuallers License**
→ Check payable to the "City of Haverhill"
→ Common Victuallers License is renewable Annually at \$100.00 Fee (subject to change)
4. **INSPECTION SHEET SIGN-OFF**
→ Original Required
→ MUST have ALL signatures
5. **BUILDING OCCUPANCY PERMIT**
6. **BUSINESS CERTIFICATE**
→ Copy available at City Clerks Office **UPON** request
7. **LEASE AND/OR PURCHASE & SALES AGREEMENT**
→ Any and all agreements in affect
8. **VOTE OF THE BOARD OF DIRECTORS OF THE CORPORATION, PARTNERSHIP or LLC**
→ APPLIES ONLY IF Applicant is a **Corporation, Partnership or LLC**
→ Applicant will need to supply a vote of the Board of Directors of the Corporation, Partnership or LLC appointing a manager
9. **AN EXTERIOR PHOTO OF THE BUSINESS**
10. **IF THE TRANSACTION IS FOR A TRANSFER OF LICENSE, A LETTER FROM THE CURRENT LICENSEE STATING THEY WILL SURRENDER THEIR LICENSE UPON THE APPROVAL OF THE TRANSFER MUST ACCOMPANY THIS APPLICATION**

LICENSE COMMISSION MEETINGS

1. **Applications that are received 7 CALENDAR DAYS PRIOR to the LICENSE COMMISSION'S NEXT MONTHLY MEETING WILL BE PLACED ON THE AGENDA.**
2. In order for an APPLICATION TO RECEIVE APPROVAL, an **Applicant or Authorized Representative of the Applicant MUST BE PRESENT** at the scheduled meeting.
3. If the License Commission approves an application, the City Clerk's Office will issue the Common Victuallers License *within 5 days of approval*.

THE NEXT LICENSE COMMISSION MEETING WILL BE HELD ON:

Thursday, _____ 20__ at 6:00 PM



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COMMON VICTUALLERS LICENSE License Attestation

I certify under penalties of perjury, that I, _____, to the best of my knowledge and belief, have filed all state tax returns and paid all state tax as required under law.

License Year: _____

LICENSEE NAME (NAME OF INDIVIDUAL, COPORATION, PARTNERSHIP OR LLC)

License #

Manager Name

D/B/A (Name of Establishment)

Signature

Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct heir non-filing or delinquency will be subject to license suspension or revocation. This request is made under authority of MGL Chapter 62C, Section 49A.

Licensee Address

FED/SS #



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COMMON VICTUALLERS LICENSE – SEE M.G.L. CHAPTER 140, SECTION

2

Application

Date of Request: _____

Official Use ONLY:

DATE COMPLETE: _____ PAID: \$ _____

ISSUED: _____ LIC#: _____

Please *mark (X)* one of the following:

- | | |
|--|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Transfer of Common Victuallers License from (<i>Original Owner:</i> _____) |
| <input type="checkbox"/> Renewal of Common Victuallers License | |

NAME OF BUSINESS (LICENSEE NAME, D/B/A NAME OF ESTABLISHMENT)

Business Street Address _____

Business Phone Number _____

Name of Owner/Manager _____

Owner/Manager's Home Address _____

Owner/Manager's Phone Number _____

Owner/Manager's Email _____

Approval: *Bring Application to each of the following locations at City Hall for Approval*

<p>_____ Plumbing & Gas Inspector Date _____ Room 210</p>	<p>_____ Electrical Inspector Date _____ Room 210</p>
<p>_____ Building Inspector Date _____ Room 210</p>	<p>_____ Health Inspector Date _____ Room 210</p>
<p>_____ Fire Inspector Date _____ Room 113</p>	<p>_____ License Commission Date _____ After Meeting</p>



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Applicant must complete:

DATE OF BIRTH: _____

FID #: _____