

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908
781 316-3024 781 316-3029 FAX

APPLICATION PROCESS:

- Submit the completed application packet to the Select Board's Office
- Contact the inspectors on the department list below to inform them your application has been submitted

DEPARTMENT	CONTACT	LOCATION	TEL #/EMAIL
Board of Health	Pat Martin	27 Maple St.	781 316-3169 pmartin@town.arlington.ma.us
Inspections	Michael Ciampa	23 Maple St.	781 316-3390 mciampa@town.arlington.ma.us
Select Board's Office	Ashley Maher	Town Hall 730 Mass. Ave.	781 316-3024 amaher@town.arlington.ma.us

- A hearing will be scheduled for the next available Select Board's Meeting (minimum 4-6 weeks out)
- Attendance is mandatory at this meeting
- Upon **approval** of the license you must get final inspections from the inspectors mentioned above prior to receiving the license to operate your business
- After receiving your Food Permit from the Board of Health and Certificate of Occupancy from the Building Department – come to the Select Board's Office for your license to operate your business (fee required for the license)

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(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

Inspections Dept. at 51 Grove St. must review completed application before returning to this office.

APPLICATION

To the Licensing Authorities of the Town of Arlington

The Undersigned hereby makes application for a

- COMMON VICTUALLER LICENSE (Eat In)**
- FOOD VENDOR LICENSE (Take Out Only)**

Location _____

Name of Applicant _____

Corporate Name (if applicable) _____

D/B/A _____

Date _____

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

- A. It is understood that the Board is not required to grant the license.
- B. no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Select Board, and, furthermore, any work done is done at the applicant's risk, and
- C. in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Select Board a thirty day notice of his intention to sell same before such application will be acted upon by the Select Board.
- D. That the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Print Name _____

Signature Name _____

Phone (Home) _____ (Business) _____

Email _____

Note: (A) If a corporation, state full names and addresses of principal officers.
(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name _____ Name _____
Address _____ Address _____
City _____ Zip _____ City _____ Zip _____

DESCRIPTION OF APPLICANT

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Born in the U.S., Yes _____ No _____ Born in the U.S., Yes _____ No _____
Born Where _____ Born Where _____
Date of Naturalization _____ Date of Naturalization _____
Male or Female _____ Male or Female _____
Date of birth _____ Date of birth _____
Photo *1 inch by 1 inch*

The Establishment shall operate as:

Sole Ownership / Partnership / Total Number of Partners

Corporation Based in _____

(Once approved, please go to Clerk's Office for Business Certificate)

=====
Corporate Information Required:

President _____

Secretary _____

Treasurer _____

Name

Address

Zip

=====

INFORMATION RELATIVE TO APPLICATION

Breakfast _____

Yes ___ No ___ _____

Lunch _____

Yes ___ No ___ _____

Dinner _____

Yes ___ No ___ _____

Do you own the property? Yes ___ No ___ Tenant at Will _____ Lease _____ (years)

Hours of Operation:

Day _____ Hours _____

Day _____ Hours _____

Day _____ Hours _____

Floor Space _____ Sq. Ft. Seating Capacity (if any) _____

Parking Capacity (if any) _____ spaces Number of Employees _____

List Cooking Facilities (and implements)

Will a food scale be in use for sale of items to the public? Yes ___ No ___

Will catering services be provided by you? Yes ___ No ___

=====

The following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures Date Received _____

2. Site Plan (obtained at Bldg. Dept., 51 Grove St.) Date Received _____

3. Outside Facade and Sign Plan (dimensions, color) Date Received _____

4. Menu Date Received _____

5. Maintenance Program Date Received _____

If the facilities are not yet completed, provide estimated cost of work to be done \$ _____

=====

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Select Board for approval:

Date _____ Time _____

Board Action: Approved Yes _____ No _____

APPLICANT'S RESUME

Food Business Experience of Applicant

From _____ to _____
Employee _____ D/B/A _____
Sole Owner _____ Location _____
Partnership _____ Type Food _____
Corporation _____ Number of Employees _____

From _____ to _____
Employee _____ D/B/A _____
Sole Owner _____ Location _____
Partnership _____ Type Food _____
Corporation _____ Number of Employees _____

List any other information that you feel will assist in the review of this application.
