CITY OF NEWBURYPORT, MASSACHUSETTS
OFFICE OF THE LICENSING COMMISSION

APPLICATION FORM – COMMON VICTUALLERS LICENSE

Complete before obtaining signatures:

Appplicant's Name: _____

Address:_____

City:_____**State:**_____**Zip:**_____

Phone: (Home) (_____)_____ **(Business) (_____)** _____

Business Name: _____

Corporate Name (if incorporated or LLC) _____

Address:_____

Landlord:_____

Address:_____

City:_____**State:**_____**Zip:**_____

Phone: (_____)_____

Principle Purpose of Business: _____

Total seating capacity: _____

Business Certificate Filed with City Clerk: _____
Clerk Signature **Date**

APPROVALS OBTAINED IN THE ORDER LISTED BELOW:

_____**Date**_____
1. City Building Inspector/Codes Administrator

_____**Date**_____
2. City Board of Health

_____**Date**_____
3. Newburyport Fire Chief

_____**Date**_____
4. Licensing Commission