

**CITY OF NEWBURYPORT, MASSACHUSETTS
OFFICE OF THE LICENSING COMMISSION**

APPLICATION FORM – COMMON VICTUALLERS LICENSE

Applicant's Name: _____

Address: _____

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

Phone: (Cell) (_____) _____ (Business) (_____) _____

E-Mail: _____

Business Name: _____

Corporate Name (if incorporated or LLC) _____

Address: _____

If doing business as a different name than the LLC or Corporation you must file a Business Certificate with the City Clerk:

City Clerk Signature **Date**

Landlord: _____

Address: _____

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

Phone: (_____) _____ E-Mail: _____

Principle Purpose of Business: _____

Total seating capacity: _____

APPLICANT NEEDS THE FOLLOWING APPROVALS AS LISTED BELOW:

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

2. City Board of Health **Date**

3. Newburyport Fire Chief **Date**

4. Licensing Commission (at the Licensing Meeting Applicant attends) **Date**

Return this form with a diagram/layout of the space to the Licensing Commission Drop Box, at the Building Dept. two weeks prior to the meeting. For questions please call 978-904-1478 or review the webpage: www.CityofNewburyport/Licensing-Board