



TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

Telephone (508) 240-3700 – Fax (508) 240-3703

<http://www.town.orleans.ma.us>

BOARD OF
SELECTMEN

TOWN
ADMINISTRATOR

TOWN OF ORLEANS Application for License COMMON VICTUALLER

TEMPORARY _____

ANNUAL _____

DATE _____

NAME OF APPLICANT: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

BUSINESS NAME: _____
(Include Corporate Name and D/B/A)

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S MAILING ADDRESS: _____

MANAGER: _____ PHONE: _____

FOOD & BEVERAGES TO BE SERVED: _____

DAYS & HOURS OF OPERATION: _____

Will the days and hours of operation be for twelve months of the year? Yes ____ No ____

If no please indicate various months with days and hours of operation:

MAXIMUM SEATING # _____ MAXIMUM OCCUPANCY # _____

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

Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Their request is made under the authority of Mass. G.L. c 36C s. 49A.

Signature of Individual
Name (Mandatory)

By: Corporate Officer or Corporate
(Mandatory, if Applicable)

Social Security # or Federal ID #

Signature of Seller of Business

Filing Fee: \$25 | License Fee: Annual \$50 | Temporary \$ 25 (up to 10 days)

Paid on _____ Check # _____