

**TOWN OF BEDFORD, MASSACHUSETTS**

**APPLICATION FOR COMMON VICTUALER'S LICENSE**

TO: Selectmen of Bedford

I \_\_\_\_\_  
(Name) (Home Address) (City or Town)

hereby make application for a Common Victualer's License \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Bedford Location: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Is the business owned: Individually \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_ Annual \_\_\_\_\_ Seasonal \_\_\_\_\_ One (1) Day \_\_\_\_\_

Names of others (Owners and Titles) \_\_\_\_\_

Managers Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Managers Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Have you ever been convicted of a felony in this state, or any other state or territory?  
\_\_\_\_\_

Has any license issued to you under the provisions of General Laws, ever been suspended or  
revoked? If so, give particulars:  
\_\_\_\_\_

Any intentional false answers to any of the above questions will be just cause for the revocation  
of any and all licenses issued under the provisions of the General Laws as amended.

Current Business Address: \_\_\_\_\_  
(if other than above) \_\_\_\_\_  
Signature of Applicant

City or Town \_\_\_\_\_

Phone number where you may be reached: \_\_\_\_\_

Approval of Building Inspector \_\_\_\_\_ Board of Health: \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

\_\_\_\_\_  
**\* Signature of Individual or Corporate Name (Mandatory)**

\_\_\_\_\_  
**By: Corporate Officer (Mandatory, if applicable)**

\_\_\_\_\_  
**\*\* Social Security # (Voluntary) or Federal Identification Number**

**\* This license will not be issued unless this certification clause is signed by the applicant.**

**\*\* Your social security number will 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 their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.**

**Please complete the following so that we may update our records (either print or type):**

**If a Food Service Provider, please complete:**

\_\_\_\_\_  
Company Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone No.  
\_\_\_\_\_  
Contact Person

**Location of Operation in Bedford:  
(If applicable)**

\_\_\_\_\_  
Company Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Telephone No.