

Common Victualler License Requirements

also includes Alcohol, Food-only, Entertainment, Coin-Op, Billiard and Mini-Golf licenses

Renewals

Please make any corrections to the auto-filled application attached and fill in any blank boxes. The following must be submitted *along with the Town application*:

- Business Certificate
- Workers' Compensation Affidavit

If applying for Retail Alcohol Licenses, add:

- Applicants Statement signed by owner or signatory
- Updated menu
- Floor plan

- License fee(s) payable to the Town of Eastham, as apply to your establishment:
 - Common Victualler \$100.00
 - Entertainment \$250.00
 - Coin-operated amusements \$100.00 Weekdays
\$50.00 Sundays
 - Miniature golf \$100.00 Weekdays
\$50.00 Sundays
 - Billiard tables \$100.00

New Applications

Please submit all materials required for a renewal, along with:

- Complete Menu
- Floor plan including dimensions, seating layout, and entrances/exits. Coin-op amusements and billiard tables must be included if applicable
- Copy of lease, P&S agreement or current tax bill for property/location of business

New applications must be submitted at least four (8) weeks prior to your planned opening date. We recommend you discuss your plans with the Health and Building Departments before applying. Once a completed application is reviewed, you will be given a hearing date with the Board of Selectmen and a legal ad will be placed in the local paper.

Prior to the issuance of any license, inspection reports may be required from the Building, Fire and Health Departments, and confirmation that taxes are paid.

Incomplete applications will not be accepted. No exceptions.



TOWN OF EASTHAM
 2500 State Highway, Eastham, MA 02642
 508-240-5900
 Fax 508-240-5908

FOR OFFICE USE ONLY

Date Rec'd: _____ \$
 Payment Type: _____
 Business Certificate Lease/P&S/Tax bill
 Workers Comp Affidavit Menu Floor Plan
 Inspections by BOH/Building/Fire
 Reviewed By: _____
 OK Hold _____

CV# _____
 ENT# _____
 C-O# _____
 BLD# _____
 MG# _____

COMMON VICTUALLER LICENSE APPLICATION

Renewal _____ *New _____ *New businesses must file application at least 30 days prior to opening							
Establishment Name:							
Establishment Address:							
Establishment Mailing Address:							
Establishment Phone #:	Email Address:						
Applicant Name:							
Applicant Address:							
Applicant Mailing Address:							
Applicant Phone #:	Email Address:						
Business Owned By:	If a Corporation or partnership, give name, title, and address of officers or partner:						
<input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal Entity _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"><u>Name</u></th> <th style="width: 30%;"><u>Title</u></th> <th style="width: 40%;"><u>Mailing Address</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Mailing Address</u>			
<u>Name</u>	<u>Title</u>	<u>Mailing Address</u>					
Name and Title of Person Directly Responsible for Daily Operations (ex. Owner, PIC, Supervisor, Manager, etc.):							
Address:							
Phone #:	24 Hour Emergency #:						
Email Address:							
Days and Hours of Operation: Days and Hours of Alcohol Service if Different:							
Annual or Seasonal:	If Seasonal, dates of operation:						

Food and Beverages to be Served: (Please attach menu)

Maximum Seating #:

Maximum Occupancy #:

of Parking Spaces:

Do you offer rooms for the lodging of guests?

If yes, # of rooms:

Maximum Occupancy #:

Do you offer entertainment?

If yes, type(s) of entertainment:

Hours of Entertainment:

Days of Entertainment:

Do you have coin-operated amusement devices?

If yes, # of amusements:

Description of amusements:

Are amusements operated on Sundays?

Do you offer miniature golf?

Is miniature golf offered on Sundays?

Do you have billiard tables?

If yes, # of tables:

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application/Renewal, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief.

Signature of Applicant: _____

Date: _____

Social Security # or Federal ID #: _____