



TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 Fax: 508-634-2200

BOARD OF SELECTMEN

LOCAL LICENSING AUTHORITY

COMMON VICTUALLER LICENSE(S)

Common Victualler License, M.G.L. c. 140, § 2

Licensing authorities may grant licenses to persons to be inn holders or common victuallers. Such license shall not be issued or be valid until it has been signed by a majority of the aldermen in cities where the license is to be granted by the aldermen, by a majority of the licensing board in other cities or by the selectmen in towns. An alderman, any member of the licensing board or a selectman may refuse to sign a license for a person who, in his opinion, has not complied with this chapter. This section shall not require the licensing authorities to grant either of said licenses if, in their opinion, the public good does not require it. Unless otherwise established in a town by town meeting action and in a city by city council action, and in a town with no town meeting by town council action, by adoption of appropriate by-laws and ordinances to set such fees, a fee of not more than twenty-five dollars may be charged for either of said licenses, but in no event shall any such fee be greater than \$100. The licenses shall be recorded in the office of the licensing authorities. An alderman, member of a licensing board or selectman who signs a license granted contrary to this chapter shall be punished by a fine of not more than fifty dollars.

NEW LICENSE - REQUIRED DOCUMENTATION:

1. Application Form
2. Check made payable to the Town of Hopedale - \$75.00
3. Articles of Organization as filed with Massachusetts Secretary of State's office
4. REAP Form (Revenue Enforcement Protection Attestation Form)
5. Copy of Certificate of Good Standing from the Commonwealth of MA –Department of Revenue website: <https://wfb.dor.state.ma.us/webfile/certificate/public/webforms/welcome.aspx>
6. Worker's Compensation Insurance Affidavit
7. Worker's Compensation Policy Declaration Page
8. Emergency Contact Form
9. Business Certificate obtained from Town Clerk's Office (508 634-2203 X215)
10. Abutter List obtained from Assessor's Office which includes all abutters to the establishment and land owner's directly opposite the establishment
11. Proof of mailing notice to abutters via certified mail (notice must be published in a local newspaper at least 7 days prior to the public hearing and posted with the Town Clerk's Office)
12. Floor plan indicating the proposed location of the devices, the location of exists and all permanent furnishings and any obstructions
13. Public Hearing
14. Approval from Town Departments, Board and Committees
15. Must provide a copy of the Fire/Safety Inspection of the licensed premises
16. Contact the Board of Health office (508 634-2203 X222) to obtain a copy of the food permit
17. Incomplete applications will not be accepted by the Selectmen's Office

RENEWAL LICENSE - REQUIRED DOCUMENTATION:

1. Application Form
2. Check made payable to the Town of Hopedale - \$75.00
3. REAP Form (Revenue Enforcement Protection Attestation Form)
4. Copy of Certificate of Good Standing from the Commonwealth of MA –Department of Revenue website: <https://wfb.dor.state.ma.us/webfile/certificate/public/webforms/welcome.aspx>
5. Worker's Compensation Insurance Affidavit
6. Worker's Compensation Policy Declaration Page
7. Emergency Contact Form
8. Business Certificate obtained from Town Clerk's Office (508 634-2203 X215)
9. Contact the Board of Health office (508 634-2203 X222) to obtain a copy of the current food permit
10. Incomplete applications will not be accepted by the Selectmen's Office



RECEIVED BY BOARD OF
SELECTMEN'S OFFICE

TOWN OF HOPEDALE

DATE:

TIME

COMMON VICTUALLER APPLICATION/RENEWAL

(M.G.L. Ch 140 §§ 1-9, M.G.L 62C § 49A,
M.G.L. Ch 152 § 25C (6) & Town Regulation)

****ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED****

☐ NEW

☐ RENEWAL

**IF YOU ALSO PLAN TO HAVE ENTERTAINMENT ON YOUR PREMISES, STATE AND LOCAL
STATUTES REQUIRE THAT YOU OBTAIN AN ENTERTAINMENT LICENSE.**

PLEASE PRINT:

Date of Application: _____

DBA Name: _____

Business Address: _____
Street Number Street Name City/Town State Zip

Corporation Name: _____ Telephone: _____

Corporation Address: _____
Street Number Street Name City/Town State Zip

Bus. Owner Name: _____ Bus. Telephone: _____

Business Owner Address: _____
Street Number Street Name City/Town State Zip

Property Owner Name: _____ Telephone: _____

Property Owner Home Address: _____
Street Number Street Name City/Town State Zip

RENEWAL APPLICATIONS

All Renewal License Holders: Please read, sign and date statement of Premise

- ☐ If you are **NOT** making changes to your current license including the following:
Business Name, Manager, Days/Hours of Operation, or premises changes, please check the box and sign and date below (this must be signed by a current business owner.)

I am requesting to renew my Common Victuallers License(s) set to expire this calendar year on December 31, I have not made any of the above changes and promise to report any changes immediately to the Licensing Board.

Print Name of License Holder

Signature and Date of License Holder

ANY CHANGES MADE TO YOUR EXISTING LICENSE REQUIRES PRIOR APPROVAL BY THE LOCAL LICENSING AUTHORITY.

NEW APPLICATIONS ONLY

Premise Information

1. Former Activity at Premises: _____
2. Are Premises Completed? ☐ Yes ☐ No
If no, have you obtained site plan approval from the Planning Board? ☐ Yes ☐ No
Date: _____
3. Have you obtained a Building Permit? Have you obtained an Occupancy Permit?
☐ Yes ☐ No Date: _____ ☐ Yes ☐ No Date: _____
4. Are the premises equipped with fixtures or supplied with the necessary implements and facilities to conduct the business? ☐ Yes ☐ No
5. Have you obtained a Food Service Permit from the Health Agent?
 ☐ Yes ☐ No Date: _____
6. Have you attached a plan of the premises describing the location of all exits, restrooms, facilities and permanent fixtures? ☐ Yes ☐ No Date: _____

**PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTORS PRIOR TO SUBMITTING
APPLICATION TO THE BOARD OF SELECTMEN'S OFFICE**

Building Inspector: _____ **Date:** _____ ☐ Recommend ☐ Do Not Recommend

Fire Chief: _____ **Date:** _____ ☐ Recommend ☐ Do Not Recommend

Board of Health: _____ **Date:** _____ ☐ Recommend ☐ Do Not Recommend

If you are not recommending, please list reason:

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. I also certify that I do not owe the Town of Hopedale any outstanding local taxes, fees, assessments, betterments or any municipal charges.

Printed name of person responsible for License

***Signature of Person who is Responsible for License**

Tax ID Number as filed with Mass DOR

NEW COMMON VICTUALLER LICENSE APPLICANT

Layout: Below please show drawing of the layout of the facility, including arrangement of work areas, location of all food service equipment, restrooms, seating, seating capacity, and outdoor trash storage and disposal areas. This is for the Licensing Board only. The Board of Health and Building Commissioner may require more detailed drawings.