

CITY OF BROCKTON
LICENSE COMMISSION
City Hall, 45 School Street
Brockton, Massachusetts 02301

APPLICATION FOR COMMON VICTUALER LICENSE

DATE: _____

Name Of Applicant: _____
(Name of Individual/Partnership or Corporation)

Firm or Trade Name (dba) : _____

Location of Premises: _____

Description of Premises: _____

Telephone Number at Restaurant _____ Is this a Franchise? _____

Is Kitchen Fully Equipped to conduct business? _____

Size of Kitchen: _____ No. of Sinks: _____ Hot and Cold Water: _____

Stove: _____ Gas Burners: _____ Electric Burners: _____
(How many) (How many)

Refrigerator(s) _____
(How many and size of each)

Have you a bar? _____ Lunch Counter? _____ Tables: _____
(No. of seats) (No. of seats) (No. of seats)

Booths? _____ Total Seating Capacity? _____
(No. of seats)

Are there sufficient number of Toilets for Men? _____ For Women? _____

Hours and Days of operation: _____

Who owns the property? (Name and Address) _____

Applicant's Name and Home Address _____

Home Phone: _____ Business Phone: _____

Name and Address of Manager (if different from Applicant)

Signed under the penalty of perjury this _____ day of _____, 20

Signature of Applicant