



**LICENSE APPLICATION  
BILLERICA SELECT BOARD**

Fee Paid: \$ \_\_\_\_\_

**ACTION:**     **NEW**    or     **CHANGE**

<b>Licensee of Business:</b>		
<b>Doing Business As:</b>		
<b>Street Address:</b>		<b>Assessors Plate/Parcel:</b>
<b>Phone #:</b>	<b>Zip Code:</b>	<b>Tax ID #:</b>
<b>Alt. Phone #:</b>		<b>Email:</b>

**DESCRIPTION OF PREMISES:**

Include # floors, total SF, # of patron restrooms, entrance/exit locations, etc. Use additional attachments if necessary and attach a plot plan of the premises if there are exterior changes.

**REQUIRED SIGNATURES: (Obtain necessary approvals before submission)**

<b><u>Building Inspector:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Board of Health:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Police:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Fire:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Treasurer:</u></b>	<b>Date:</b>
<b>Comments:</b>	

<b>Manager's Name:</b>		
<b>Street Address:</b>		
<b>City/Town/State/Zip:</b>		
<b>Phone #:</b>	<b>Tax ID #:</b>	<b>Email:</b>

**Requested Hours of Operation: (For new application or for change on license)**

<b>Weekday (Monday-Friday):</b>
<b>Saturday:</b>
<b>Sunday:</b>

**LICENSE TYPE REQUESTED:**

<b>LIQUOR (Circle Option):</b>	<b>On-Premise Retail (S12)</b>	<b>Wine &amp; Malt</b>	<b>All Alcohol</b>
	<b>Off Premise Retail (S15)</b>	<b>Wine &amp; Malt</b>	<b>All Alcohol</b>
<b>Type of Business S12 Only:    Club                      Hotel/Innkeeper                      Restaurant</b>			
<b>1-Day Special:</b>	<b>Wine &amp; Malt</b>	<b>All Alcohol (Non-profit Organizations Only)</b>	
<b>COMMON VICTUALLER (Circle Option):</b>	<b>Restaurant</b>	<b>Innholder</b>	<b>Cafeteria</b>
<b>ZBA/Special Permit?: Provide Copy if Yes</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	
<b>MOTOR VEHICLE (Circle Option):</b>	<b>Class I</b>	<b>Class II</b>	<b>Class III</b>

<b>HAZARDOUS MATERIAL STORAGE (List Type):</b>
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<b>ENTERTAINMENT:</b>
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<b>Weekday: (Per MGL, Ch. 140, Section 183A or 181):</b>
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<b>Sunday: (Per MGL, Ch. 136 – <b>Form 90 Required</b>):</b>
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<b>Type of Entertainment:</b>
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<b>AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A)</b>
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<b># of Total Devices:</b>
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Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary.
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<b>#1:</b>	<b>#5:</b>
<b>#2:</b>	<b>#6:</b>
<b>#3:</b>	<b>#7:</b>
<b>#4:</b>	<b>#8:</b>

<b>OTHER (Circle Option):</b>
<b>Taxi                      Bowling                      Other: _____</b>

<b>Licensees Signature:</b>	<b>Date:</b>
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<b>Title:</b>
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**The applicant certifies compliance with all Rules, Regulations, Laws and By-Laws in effect at this time. Under the penalties of perjury, the signature below certifies the above information as true and correct to the best of their knowledge and belief. False statements can result in immediate license revocation.**

**NAME OF INDIVIDUAL OR CORPORATION THAT PAYS REAL ESTATE TAXES TO THE TOWN OF BILLERICA:**

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