

TOWN OF LINCOLN  
Common Victuallers License Application

The undersigned hereby applies for a Common Victualer License in accordance with the provisions of the statutes relating thereto:

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

Name of Establishment (dba) : \_\_\_\_\_

If business is a corporation / Corporate Name and Officers: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Telephone # of Establishment: \_\_\_\_\_

Contact Person : \_\_\_\_\_

(name who will receive notices under this license)

Contact Person Mailing Address: \_\_\_\_\_

Telephone # of Contact Person: \_\_\_\_\_ Fax # : \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Manager: \_\_\_\_\_ #of Staff: \_\_\_\_\_ # of Seats: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

(if corporation, signature of duly authorized agent)

Date: \_\_\_\_\_

*A certificate of insurance showing proof of workers compensation insurance for the current year must be included with this completed application.*

*Holders of a liquor license must also provide a copy of the liquor liability insurance in a minimum amount of \$100,000/person/\$1,00,00 aggregate for personal injury and \$100,000 per occurrence for property damage before your liquor license will be approved or renewed.*

*Pursuant to MGL C62C, s49A,  
I certify under penalties of perjury that I, to my best knowledge and belief, have read and am in compliance with the MGL C 62C, s49A.*

_____ Signature of Applicant (mandatory)	_____ Signature of Corporate Officer (if applicable)
_____ Social Security or FID number	_____ Date

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