



**Town of Westwood**  
Community and Economic Development

50 Carby Street, Westwood, Massachusetts, 02090  
Janice Barba, License Administrator  
Telephone: (781) 320-1366; Email: [jbarba@townhall.westwood.ma.us](mailto:jbarba@townhall.westwood.ma.us)

**APPLICATION FOR NEW OR RENEWAL - COMMON VICTUALLER LICENSE**

**Name of Applicant (Individual/Corporation):**

**Doing Business As (d/b/a, if different from above):**

**Name of Manager on Record:**

**Is this a Franchise (yes or no?)                      If new establishment- expected opening date:**

**Local Telephone, Address and Email Address of Business:**

**Corporate Telephone, Address and Email Address of Business:**

**List all persons/entities with Interest in this License (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial interest). Attach additional pages if necessary.**

Name of Person/Entity	Title/Position	# Stock/ % Owned

**Description of Premises: (Please include a floor plan.)**

**Total Square Footage:                      # of Exits:                      # of Entrances                      # of Seats**

**Hours of Operation (specify days of week along with opening and closing hours):**

**Day(s) & Time(s) of Peak Customer Activity:**

**Estimated # of Customers at Peak Time(s):                      Estimated # of Employees at Peak Time(s):**

**Day Manager:    Telephone:**  
**Home Address:**



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**Night Manager:**  
**Home Address:**

**Telephone:**

**Name of Trash Hauler:**

**Telephone:**

**CHECK ONE:**

**New**       **Renewal**

**Type of Establishment (check one)**

**Restaurant**       **Coffee Shop**       **Other:** \_\_\_\_\_

I, the undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Pursuant to MGL Ch. 62C, Sec 49A; I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By Corporate Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If applicable)

***Accord Certificate of Insurance showing evidence that the applicant has Workers' Compensation Insurance must be included with this completed application.***

***No Common Victualler License will be approved until the applicant addresses all issues and/or concerns to the satisfaction of the Board of Selectmen; and no CVL will be issued until all required inspections have been conducted, permits granted, and final approvals given by the Building Department, Fire Department, Health Department and, if applicable, the Town Planner.***