

TOWN OF WESTWOOD
COMMONWEALTH of MASSACHUSETTS

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COMMUNITY & ECONOMIC DEVELOPMENT
ALCOHOLIC BEVERAGE LICENSING

APPLICATION FOR NEW LICENSE: SECTION 15 OFF-PREMISE LICENSE

Name of Applicant (Individual/Corporation):

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

SS# or Federal Tax ID #:

Address, Local Telephone Number, and Email for Business:

Name & Address of Manager of Record:

Cell Phone & Email Address:

If applicable: Corporate Contact & Telephone Number, Address and Email Address:

Description of Premises:

Total Retail Square Footage:
of Seats

of Exits

of Entrances

#

Total Retail Square Footage dedicated to alcohol sales:

Please attach a COPY OF FLOOR PLAN which shows the location of the square footage dedicated to wine & malt beverages sales and storage.

Number of Alcohol deliveries per week:

Time & Location of Deliveries:

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Days/Hours of Operation:	Day(s) & Time(s) of Peak Customer Activity:
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Estimated # of Customers at Peak Time(s):	Estimated # of Employees at Peak Time(s):
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Name of Trash Hauler:

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)

No license will be renewed until all required attachments and inspections have been conducted, and final approvals given by the Building Department, Fire Department, and Health Department.