



*TOWN OF DIGHTON
BOARD OF SELECTMEN/HEALTH
979 SOMERSET AVENUE
DIGHTON, MA 02715
TEL: (508) 669-5182
FAX: (508) 669-5667*

COMMON VICTUALLER LICENSE APPLICATION

This is a general application for a license that the Board of Selectmen/Health may grant. All license(s)/permit(s) application to the Dighton Board of Selectmen/Health must be accompanied by the following information.

Indicate if license is: New Renewal Change of d/b/a other

OWNER(S) NAME: _____

NAME OF BUSINESS: _____

d/b/a (if applicable): _____

BUSINESS MAILING ADDRESS: _____

TELEPHONE (S): _____

BUSINESS EMAIL: _____

LOCATION WHERE LICENSE IS TO BE USED: _____

DAYS OF OPERATION: _____

HOURS OF OPERATION: _____

DESCRIPTION OF PREMISES: _____

Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state and local taxes required by law and agree to comply with the terms of its license/permit and applicable laws, rules and regulations related thereto. I hereby certify that the information contained in this application is true and authorize the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Signature of Individual or Corporate Officer (if applicable)

Federal Tax Identification Number (FEIN)

Date: _____

Attached to this application is:

- A fee of \$75.00 made payable to the Town of Dighton
- Workers' Compensation Insurance Affidavit
- Copy of Certificate of Liability Insurance
- Copy of Building Department Certificate of Inspection

****THIS PERMIT EXPIRES ON DECEMBER 31 OF THE CALENDAR YEAR GRANTED****