



OFFICE OF SELECTMEN
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200

**INSTRUCTIONS FOR APPLICANTS TO BE LICENSED AS A
COMMON VICTUALLER**

- (1) Fill out and return the attached application with the following attachments to the Selectmen's Office, 333 Washington Street, Brookline, MA 02445 or email to bcostello@brooklinema.gov:
 - (a) Three (3) sets of a description, illustration, and/or detailed plan of the proposed licensed premises on 8 ½ x 11 paper (if possible) drawn to scale as may be necessary describing the placement of waiting areas, tables, chairs, stools, fixed seating, booths, service counters or bars, standing only areas, entertainment areas, dance floors, kitchen facilities, bathrooms, hallways, rooms, railing partitions and other barriers, entrances and exits, and interior doors, and describing the premises' signage and any other exterior and interior decorations or features. If there are no premises in existence at the time of the application, the applicant must submit a detailed description as described above describing the premises proposed to be constructed.
 - (b) Copy of food and beverages menus (including alcoholic beverages menu(s) if applicable).
 - (c) General description of the operations. The description of the operations shall include operations related to any delivery service provided, including the delivery hours, mode of transportation used, and parking arrangements for any vehicle used.
 - (d) If applicant is a corporation, submit a copy of Articles of Organization and fill out the attached Vote of Corporation Form.
 - (e) Description of a plan for the control of elimination of litter.
 - (f) Interview Form and three (3) letters of character reference.
(All individuals listed on application must supply this information.)
 - (g) If the location is currently licensed, a letter from the current licensee stating that the license will be surrendered when one is granted to the applicant.

(2) FEE SCHEDULE

Common Victualler (CV) Fees:

| | |
|-------------------|-------|
| 1-50 Seats | \$445 |
| 51-100 Seats | \$575 |
| 101-200 Seats | \$700 |
| 201 or more Seats | \$765 |

(3) If planning on serving alcohol please fill out and submit an application for a liquor license at the State Alcohol Beverage Control Commission site: <http://www.mass.gov/abcc/forms.htm> Submit with a copy of proof of citizenship. (See Town of Brookline's Sale of Alcoholic Beverages Regulations for additional information.)

(4) FEE SCHEDULE

Liquor License Fees:

All Kinds Club

| | |
|----------------|---------|
| Before 12:00am | \$2,350 |
| 12:01am-1:00am | \$2,600 |
| 1:01am-2:00am | \$2,850 |

All Kinds Common Victualler

| | |
|----------------|---------|
| Before 12:00am | \$3,600 |
| 12:01am-1:00am | \$4,100 |
| 1:01am-2:00am | \$4,850 |

| | |
|-----------------------------|---------|
| Wine/Malt Common Victualler | \$2,000 |
| All Kinds Package Stores | \$2,000 |
| Wine/Malt Package Stores | \$1,500 |

Innholder

| | |
|----------------|---------|
| Before 12:00am | \$4,000 |
| 12:01am-1:00am | \$4,500 |
| 1:01am-2:00am | \$5,000 |

New liquor application fee 5% of license fee



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**APPLICATION FOR
COMMON VICTUALLER LICENSE**

DATE: _____

LOCATION: _____

APPLICANT: _____

INDIVIDUAL/PARTNERSHIP/CORPORATION

D/B/A: _____

BUSINESS OWNERSHIP- INDIVIDUAL/PARTNERS/CORPORATE OFFICERS:

| NAME | TITLE | EMAIL ADDRESS |
|------|-------|---------------|
|------|-------|---------------|

| TELEPHONE # | ADDRESS |
|-------------|---------|
|-------------|---------|

| NAME | TITLE | EMAIL ADDRESS |
|------|-------|---------------|
|------|-------|---------------|

TELEPHONE #

ADDRESS

NAME

TITLE

EMAIL ADDRESS

TELEPHONE #

ADDRESS

HAVE YOU PREVIOUSLY HELD A COMMON VICTUALLER LICENSE IN BROOKLINE/ELSEWHERE? _____

IF YES, LOCATION: AND DATES: _____

IF NOT, DO YOU HAVE PRIOR EXPERIENCE IN THE FOOD SERVICE BUSINESS: _____

IF YES, LOCATION: AND DATES _____

HOURS OF OPERATION FOR FOOD SERVICE:

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

HOURS OF OPERATION FOR ALCOHOLIC BEVERAGES SERVICE: (If applicable)

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

PLEASE NOTE:

THE TOWN'S PREPARED FOOD SALES REGULATIONS SET THE PERMISSIBLE HOURS OF FOOD SALES.

MENU: (GENERAL TYPE OF FOOD SERVED)

FLOOR SPACE SQ. FT. _____

BYOB: Will you permit patrons to bring their own alcoholic beverages onto the premises? _____
(If yes, please be aware of applicable Town regulations governing BYOB.)

SEATING CAPACITY: _____ **INSIDE:** _____ **OUTSIDE:** _____

Outside seating only applicable for 6 months from April 1st – September 30th.

(Please attach plan showing location and layout of outdoor seating.)

If outdoor seating is proposed to be located on any portion of the public sidewalk that is Town property, this application must be accompanied by proof that the applicant has secured, and that there is in effect during the period of time for which there will be outdoor seating, a general liability policy naming the Town as an additional insured in a minimum amount of \$250,000.00/\$500,000.00.

By signing this application, the applicant absolves the Town and its officials, officers, employees, agents and representatives from all liability in connection with use by the applicant of the Town's portion of a public sidewalk. By signing this application, the applicant agrees to indemnify the Town for any damage to the Town's sidewalk resulting from the applicant's use of it, and agrees to indemnify the Town for any expenses the Town incurs in restoring the Town's sidewalk to its condition prior to use (in excess of any routine cleaning and maintenance service the Town would ordinarily have performed irrespective of the use).

Applicant agrees to outside seating terms and conditions: _____

NUMBER OF BATHROOMS : _____ **EMPLOYEE:** _____ **PUBLIC:** _____

NUMBER OF PARKING SPACES (IF ANY): _____

NUMBER OF EMPLOYEES: _____

All Common Victualler Licenses are issued subject to and conditioned on the licensee's compliance with Massachusetts General Laws Chapter 140, Section 2 et seq., Article 8.10 of the TownBy-Laws, and the Town's Prepared Food Sales Regulations.

Application Agrees to terms and conditions _____

APPLICANT SIGNATURE _____ **TITLE:** _____ **PHONE#** _____

EMAIL ADDRESS _____



VOTE OF CORPORATION

DATE: _____

AT A MEETING OF THE BOARD OF DIRECTORS OF _____

HELD AT: _____ ON: _____

IT WAS DULY VOTED THAT THE CORPORATION APPLY TO THE LICENSING BOARD FOR THE TOWN OF BROOKLINE FOR A

(TYPE OF LICENSE)

FOR THE YEAR _____ TO BE EXERCISED ON THE PREMISES LOCATED AT

VOTED: TO AUTHORIZE _____ TO SIGN

THE APPLICATION FOR THE LICENSES IN THE NAME OF _____

_____ AND TO EXECUTE ON ITS BEHALF ANY NECESSARY PAPERS, AND TO DO ALL THINGS REQUIRED RELATIVE TO THE GRANTING OF THE LICENSE.

THIS CORPORATION HAS _____ BEEN RESOLVED.

A TRUE COPY

ATTEST: _____

CLERK



RENOVATION FORM

IF RENOVATIONS ARE BEING MADE TO LOCATION: PLEASE DESCRIBE IN DETAIL WHAT RENOVATIONS WILL BE MADE, DATE AND SIGN BELOW.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

DATE: _____ **SIGNATURE OF APPLICANT:** _____

(PLEASE SUBMIT THREE SETS OF PLANS)



LICENSE INTERVIEW FORM

TYPE OF LICENSE APPLYING FOR: _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____ **MOTHER'S MAIDEN NAME:** _____

ARE YOU A CITIZEN? **YES** **NO** **ALIEN CARD #** _____

ARE YOU A VETERAN: **YES** **NO** _____

RESIDENCES FOR LAST FIVE YEARS

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

EDUCATION

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

EMPLOYMENT HISTORY

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

SIGNATURE: _____ **DATE:** _____

(PLEASE SUBMIT THREE CHARACTER REFERENCES WITH APPLICATION)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

***Signature of Individual**

By: Corporate Officer

**** Social Security #**

Voluntary or Federal ID #

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

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.**