



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

FOOD VENDOR APPLICATION
INSTRUCTIONS

(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, service counters, kitchen facilities, tables, chairs, etc., 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.
- (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) Application fee: \$255.00 without outside seating – Payable with application – Non-refundable.
If Outside Seating the following fee schedule applies:

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



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**APPLICATION FOR RENEWAL
FOOD VENDOR
(NO INSIDE SEATING)**

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	

HOURS OF OPERATION:

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

HAVE YOU PREVIOUSLY HELD A FOOD VENDOR 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 _____

MENU: (GENERAL TYPE OF FOOD SOLD)

COOKING EQUIPMENT: _____

WILL YOU BE OFFERING CATERING SERVICES? _____

FLOOR SPACE SQ. FT.: _____

NUMBER OF OUTDOOR SEATS: _____

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 Parking Spaces (if any): _____

Application Agrees to terms and conditions: _____

APPLICANT SIGNATURE _____ TITLE: _____ PHONE# _____

ALL FOOD VENDOR LICENSES ARE SUBJECT TO APPLICABLE FEDERAL, STATE, AND TOWN LAWS, REGULATIONS AND CODES, INCLUDING MASSACHUSETTS GENERAL LAWS CHAPTER 140, TOWN BYLAWS SECTION 8.10, AND THE TOWN'S PREPARED FOOD SALES REGULATIONS.



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**