



TOWN OF
AMHERST
MASSACHUSETTS

Board of License Commissioners

(413) 259-3030

4 Boltwood Avenue, Amherst, MA 01002

Application for Common Victualler License
Fee: \$50 Annually
\$70 with BYOB Designation

To the Licensing Authorities:

The undersigned hereby applies for a Common Victualler License in accordance with the provisions of the statutes, by-laws, and/or policies relating thereto:

INDIVIDUAL/PARTNER/CORP NAME: _____

DBA: _____ ADDRESS OF PREMISES: _____

OWNER'S NAME (If different): _____ MANAGER'S NAME (If different): _____

DAYS OF WEEK & HOURS OF OPERATION: _____

BUSINESS TELEPHONE # _____ CELL TELEPHONE # _____

EMAIL: _____

BYOB Designation:

If your establishment **does not hold a liquor license**, you may apply for a BYOB Designation allowing your patrons to bring limited quantities of alcohol onto your premises and consume it with food. If your establishment does not have wait staff service at tables, please also submit a BYOB Management Plan on a separate piece of paper, detailing what steps will be taken to ensure BYOB activity will occur in a safe and orderly manner and how the age of patrons drinking will be verified.

- Not Applying for BYOB Designation (\$50 for Common Vic)
- Applying for BYOB Designation – Wait Staff At Tables – No Management Plan Needed (\$70 for Common Vic & BYOB)
- Applying for BYOB Designation – No Wait Staff At Tables – Management Plan Needed (\$70 for Common Vic & BYOB)

Signature of Applicant

Date

FOR OFFICE USE ONLY - License # _____

Approved: _____

Approved: _____

Approved: _____

Management Plan
 Special Conditions

Board of License Commissioners, Chair

Chief of Police

Inspections/Zoning Department

Please return this application with a Workers Compensation Affidavit and a License Attestation Form to the Inspections Services Department, Town Hall, 4 Boltwood Avenue, Amherst, MA 01002.



License Attestation Form

License Year: _____

LICENSEE/APPLICANT:

Individual or Corporate Name _____

D/B/A (if applicable): _____

Address _____

MANAGER: _____

“Pursuant to M.G.L. c 62C, s 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support”.

Signature of Applicant
Corporate Officer (Mandatory, if applicable)

Business Telephone #

Federal Identification Number (**Required**)

Home/Cell Phone

Social Security Number
(Voluntary if FIN Provided)

Email

- This license **will not be issued or renewed** unless this certification clause is signed by the applicant.
- The Federal IN or SS if no FI number provided will be furnished to the Massachusetts Department of Revenue, which they use to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency may be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.