

CITY OF BROCKTON  
LICENSE COMMISSION  
City Hall, 45 School Street  
Brockton, Massachusetts 02301

APPLICATION FOR COMMON VICTUALER LICENSE

DATE: \_\_\_\_\_

Name Of Applicant: \_\_\_\_\_  
(Name of Individual/Partnership or Corporation)

Firm or Trade Name (dba) : \_\_\_\_\_

Location of Premises: \_\_\_\_\_

Description of Premises: \_\_\_\_\_

Telephone Number at Restaurant \_\_\_\_\_ Is this a Franchise? \_\_\_\_\_

Is Kitchen Fully Equipped to conduct business? \_\_\_\_\_

Size of Kitchen: \_\_\_\_\_ No. of Sinks: \_\_\_\_\_ Hot and Cold Water: \_\_\_\_\_

Stove: \_\_\_\_\_ Gas Burners: \_\_\_\_\_ Electric Burners: \_\_\_\_\_  
(How many) (How many)

Refrigerator(s) \_\_\_\_\_  
(How many and size of each)

Have you a bar? \_\_\_\_\_ Lunch Counter? \_\_\_\_\_ Tables: \_\_\_\_\_  
(No. of seats) (No. of seats) (No. of seats)

Booths? \_\_\_\_\_ Total Seating Capacity? \_\_\_\_\_  
(No. of seats)

Are there sufficient number of Toilets for Men? \_\_\_\_\_ For Women? \_\_\_\_\_

Hours and Days of operation: \_\_\_\_\_

Who owns the property? (Name and Address) \_\_\_\_\_

Applicant's Name and Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name and Address of Manager (if different from Applicant)  
\_\_\_\_\_

Signed under the penalty of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature of Applicant