



# **Licensing Board for the City of Boston**

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## INSTRUCTIONS FOR A NEW COMMON VICTUALLER (CV) NO ALCOHOL LICENSE

**(Revised 6/2021)**

1. New CV licenses - If your current location/ address **does not** already have a Licensing Board approved CV No Alcohol license, you will need to attend a public hearing before the Licensing Board and contact your Neighborhood liaison to schedule an abutters meeting ([www.bit.ly/bostonons](http://www.bit.ly/bostonons)). Upon completion of the abutters meeting, you may submit this application with the required documents listed on the checklist below. **Incomplete or illegible applications will NOT be accepted.**
2. If your current location address **does** have a Licensing Board approved Common Victualler (No Alcohol) license and you are not making any changes then a public hearing and abutters meeting will not be required. Please complete and submit this form with **all** of the documents from the checklist below. **Incomplete or illegible applications will NOT be accepted.**
3. **Please do not send license fee payments until instructed by Licensing Staff.** Annual CV license fee: \$100 base fee plus \$1 per capacity/seat. If take out only (no seats), \$210.
4. CV No Alcohol licenses must be renewed by the end of October. Failure to renew may result in an administrative hearing before the Board and the suspension or revocation of the License. **Late renewals will incur a double license fee payment.**

### **Application Checklist (Required)**

- A signed copy of the lease agreement (in the applicant's name/ entity's name) **or** a deed
- A valid Inspection Certificate\*
- A valid Place of Assembly Permit (Capacity of 50 or more people)\*
- A Certificate of Occupancy (If takeout only, zero seats)
- An 8 ½ x 11 floor plan
- A completed **personal information form(s)** for **all** owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business.
- Businesses except for sole proprietor should submit a printout of the summary screen generated by the State's Corporation database containing the **Corporation's general information** ([www.bit.ly/annualreportma](http://www.bit.ly/annualreportma)).

\* If your current location/address does not already have a Licensing Board approved Common Victualler No Alcohol license, the application may be submitted without these documents. If approved, these documents will be required in order to issue the license.

**APPLICATION FOR COMMON VICTUALLER (NO ALCOHOL) LICENSE**

**PART 1: BUSINESS ORGANIZATION**

1. Name of Applicant (Individual/Corporation): \_\_\_\_\_
2. Doing Business As (d/b/a): \_\_\_\_\_
3. Physical Business Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_
4. Business Phone No: \_\_\_\_\_
5. Business Contact Email Address: \_\_\_\_\_
6. Manager of Record: \_\_\_\_\_
7. Manager Phone No.: \_\_\_\_\_
8. Is this business a franchise?      Yes          No
9. What is the expected opening date? \_\_\_\_\_
10. Description of Premise (ex. On what floor(s)? How many rooms? Where is the kitchen/storage? Patio?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Total Square Footage: \_\_\_\_\_ sq. feet
12. No. of Egresses (Entrances/Exits): \_\_\_\_\_
13. Capacity of the premise: \_\_\_\_\_
14. Is this takeout only?      Yes          No
15. Hours of Operations (Specify days of week along with the opening and closing hours):  
\_\_\_\_\_  
\_\_\_\_\_
16. Are you requesting the use of an **outdoor patio**?      Yes          No (skip to question #17)
  - a. If yes, what type of property is the patio located?      Private      Public      Both
  - b. When will the patio be in use? Please specify the months. \_\_\_\_\_
  - c. Capacity of the patio: \_\_\_\_\_
  - d. Patio hours of operation: \_\_\_\_\_
  - e. If the patio is on private or public property, it should be specified on the Inspection Certificate and Place of Assembly permit (if over 50 capacity).
  - f. If the patio is on public property, a permit from the Public Improvement Commission (PIC) will be required. Do you have a permit from PIC?  
Yes (**please attach PIC approval**)          No
  - g. Please note that Licensing Staff will be in contact with you regarding the legal notice procedures including the \$170 advertising fee which you will pay directly to the Boston Herald and the notification of direct abutters.

17. Was there a Common Victualler (No Alcohol) license held at this address previously?

Yes      No

a. If yes, please list the business name and license number (ex. LB-123456): \_\_\_\_\_

\_\_\_\_\_

18. Attorney's Name: \_\_\_\_\_

19. Attorney's Phone No.: \_\_\_\_\_

20. Attorney's Address: \_\_\_\_\_

21. Attorney's Email: \_\_\_\_\_

22. List All Persons/Entities with Interest in this License (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial/financial interest). **Attach additional pages if necessary.**

Name of Person/Entity	Title/Position	# Stock/ % Owned

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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**For the Board's Official Use Only**

**GRANTED                      REJECTED**

**Restrictions/Conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity Name:

Address:

Date:

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**PERSONAL INFORMATION FORM**

Please provide the following information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your title as it relates to the business/license: \_\_\_\_\_

Describe your interest in the business/license: \_\_\_\_\_

Place of current employment: \_\_\_\_\_

Employment for the last five years:

Dates	Position	Employer	Employer Address

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_