



**TOWN OF HADLEY**  
**APPLICATION FOR COMMON VICTUALER LICENSE**  
**FEE - \$100.00**

To the Licensing Authorities:

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

COMPANY/CORPORATION: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS OF PREMISES: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

MAILING ADDRESS FOR ALL BUSINESS CORRESPONDENCE:

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

***For Office Use Only***

Date Select Board Approved/Denied: \_\_\_\_\_ License #: \_\_\_\_\_

Remarks:      ZONING \_\_\_\_\_      BOARD OF HEALTH \_\_\_\_\_

Please complete the entire application and return along with a License Attestation Form, Workers' Compensation Affidavit and Proof of Workers' Compensation Insurance to:

***Licensing Coordinator  
c/o Select Board Office  
100 Middle Street  
Hadley, MA 01035***

***NOTE: For new businesses, applicant should contact the Board of Health at 413-584-4562 for inspection prior to submitting application to the Select Board's Office.***