



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

**INSTRUCTIONS FOR APPLICANTS TO BE LICENSED AS A  
COMMON VICTUALLER**

- (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 [tsouza@brooklinema.gov](mailto:tsouza@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, tables, chairs, stools, fixed seating, booths, service counters or bars, standing only areas, entertainment areas, dance floors, kitchen facilities, bathrooms, hallways, rooms, railing partitions and other barriers, entrances and exits, and interior doors, 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 (including alcoholic beverages menu(s) if applicable).
  - (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) FEE SCHEDULE**

**Common Victualler (CV) Fees:**

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

**(3) If planning on serving alcohol please fill out and submit an application for a liquor license at the State Alcohol Beverage Control Commission site: <http://www.mass.gov/abcc/forms.htm> Submit with a copy of proof of citizenship. (See Town of Brookline's Sale of Alcoholic Beverages Regulations for additional information.)**

**(4) FEE SCHEDULE**

**Liquor License Fees:**

**All Kinds Club**

Before 12:00am	\$2,350
12:01am-1:00am	\$2,600
1:01am-2:00am	\$2,850

**All Kinds Common Victualler**

Before 12:00am	\$3,600
12:01am-1:00am	\$4,100
1:01am-2:00am	\$4,850

Wine/Malt Common Victualler	\$2,000
All Kinds Package Stores	\$2,000
Wine/Malt Package Stores	\$1,500

**Innholder**

Before 12:00am	\$4,000
12:01am-1:00am	\$4,500
1:01am-2:00am	\$5,000

**New liquor application fee 5% of license fee**



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**APPLICATION FOR  
COMMON VICTUALLER LICENSE**

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

LOCATION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

INDIVIDUAL/PARTNERSHIP/CORPORATION

D/B/A: \_\_\_\_\_

BUSINESS OWNERSHIP- INDIVIDUAL/PARTNERS/CORPORATE OFFICERS:

\_\_\_\_\_

NAME	TITLE	EMAIL ADDRESS
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\_\_\_\_\_

TELEPHONE #	ADDRESS
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\_\_\_\_\_

NAME	TITLE	EMAIL ADDRESS
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\_\_\_\_\_

TELEPHONE #

ADDRESS

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NAME

TITLE

EMAIL ADDRESS

---

TELEPHONE #

ADDRESS

HAVE YOU PREVIOUSLY HELD A COMMON VICTUALLER 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 \_\_\_\_\_

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**HOURS OF OPERATION FOR FOOD SERVICE:**

DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

**HOURS OF OPERATION FOR ALCOHOLIC BEVERAGES SERVICE: (If applicable)**

DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

DAYS: \_\_\_\_\_ HOURS: \_\_\_\_\_

**PLEASE NOTE:**

**THE TOWN'S PREPARED FOOD SALES REGULATIONS SET THE PERMISSIBLE HOURS OF FOOD SALES.**

**MENU: (GENERAL TYPE OF FOOD SERVED)**

\_\_\_\_\_

**FLOOR SPACE SQ. FT.** \_\_\_\_\_

**BYOB: Will you permit patrons to bring their own alcoholic beverages onto the premises?** \_\_\_\_\_  
**(If yes, please be aware of applicable Town regulations governing BYOB.)**

**SEATING CAPACITY:** \_\_\_\_\_ **INSIDE:** \_\_\_\_\_ **OUTSIDE:** \_\_\_\_\_

Outside seating only applicable for 6 months from April 1<sup>st</sup> – September 30<sup>th</sup>.

(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 BATHROOMS :** \_\_\_\_\_ **EMPLOYEE:** \_\_\_\_\_ **PUBLIC:** \_\_\_\_\_

**NUMBER OF PARKING SPACES (IF ANY):** \_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_

All Common Victualler Licenses are issued subject to and conditioned on the licensee's compliance with Massachusetts General Laws Chapter 140, Section 2 et seq., Article 8.10 of the TownBy-Laws, and the Town's Prepared Food Sales Regulations.

Application Agrees to terms and conditions \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_



**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.**