



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

**INNHOLDER LICENSE APPLICATIONS  
INSTRUCTIONS**

(1) Fill out and return the attached application with the following attachments to the Select Board's Office, 333 Washington Street, Brookline, MA 02445 or e-mail to Tiffany Souza: [tsouza@brooklinema.gov](mailto:tsouza@brooklinema.gov)

- (a) Copy of food and beverages menus (including any alcoholic beverages menu(s)).
- (b) General description of the operations, including restaurant operations.
- (c) If applicant is a corporation, submit a copy of Articles of Organization and fill out the attached Vote of Corporation Form.
- (d) Description of a plan for the control of elimination of litter.
- (e) Interview Form and three (3) letters of character reference.  
(All individuals listed on application must supply this information.)
- (f) 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:

All Kinds Alcohol Prior to 12M Closing	\$4,000.00
12:01am – 1:00am Closing	\$4,500.00
1:01am – 2:00am Closing	\$5,000.00
No Alcohol:	\$225.00

**NOTE: OTHER DEPARTMENT FEES ARE SUBMITTED TO THE SELECT BOARD'S OFFICE AND ARE DUE AND PAYABLE TO THE TOWN OF BROOKLINE BEFORE THE LICENSE IS ISSUED.**

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APPLICATION FOR NEW LICENSE  
INNHOLDER

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

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

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

INDIVIDUAL/PARTNERSHIP/CORPORATION

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

BUSINESS PHONE: \_\_\_\_\_

BUSINESS OWNERSHIP- INDIVIDUAL/PARTNERS/CORPORATE OFFICERS:

NAME TITLE ADDRESS PHONE# EMAIL ADDRESS

NAME TITLE ADDRESS PHONE # EMAIL ADDRESS

NAME TITLE ADDRESS PHONE # EMAIL ADDRESS

HAVE YOU PREVIOUSLY HELD AN INNHOLDER'S LICENSE IN BROOKLINE / ELSEWHERE?

IF YES, LOCATION: AND DATES: \_\_\_\_\_

IF NOT, DO YOU HAVE PRIOR EXPERIENCE IN THE INNHOLDER BUSINESS:

IF YES, LOCATIONS AND DATES: \_\_\_\_\_

PREMISES TO BE LICENSED (STREET & NUMBER): \_\_\_\_\_

PREMISES TO BE LICENSED ARE DESCRIBED AS FOLLOWS: \_\_\_\_\_

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

NUMBER OF ROOMS ON: 1<sup>ST</sup> FL \_\_\_\_\_ 2<sup>ND</sup> FL \_\_\_\_\_ 3<sup>RD</sup> FL \_\_\_\_\_ 4<sup>TH</sup> FL \_\_\_\_\_  
5<sup>TH</sup> FL \_\_\_\_\_ 6<sup>TH</sup> FL \_\_\_\_\_ 7<sup>TH</sup> FL \_\_\_\_\_ 8<sup>TH</sup> FL \_\_\_\_\_ 9<sup>TH</sup> FL \_\_\_\_\_

TOTAL NUMBER OF ROOMS WHICH MAY BE RENTED: \_\_\_\_\_

MAXIMUM NUMBER OF OCCUPANTS: \_\_\_\_\_

ADDITIONAL FLOORS (INCLUDING BASEMENT; PLEASE IDENTIFY AND DESCRIBE USES):

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

ARE YOU APPLYING TO SERVE FOOD? \_\_\_\_\_

IF YES, WHERE WILL THE FOOD BE SERVED? (NOTE: NEED A FOOD LICENSE FROM DPH)

IN COMMON AREA(S) (IDENTIFY) \_\_\_\_\_

ROOM SERVICE \_\_\_\_\_

RESTAURANT (STATE NAME AND OCCUPANCY) \_\_\_\_\_

OTHER ROOMS (identify) \_\_\_\_\_

MENU: (GENERAL TYPE OF FOOD SERVED) \_\_\_\_\_

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

DO YOU HAVE A FULLY EQUIPPED KITCHEN? \_\_\_\_\_

SIZE OF KITCHEN (SQUARE FEET) \_\_\_\_\_

RESTAURANTS: Total# Occupants: \_\_\_\_\_ Total# on off-site/off-street parking spaces  
exclusively dedicated to restaurant use and available at all times when license is being exercised:

\_\_\_\_\_

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





**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 DISSOLVED.

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 A SET 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)**





**STATE TAX VERIFICATION FORM**

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.**