

MASSACHUSETTS



Town of Dartmouth
CLASS _____

License Application

™ New

™ Renewal

Plat # ™ ____ Lot # ____

Every Question must be answered with full information, and any false statements may result in rejection of the application or revocation of this license. Include a complete description and plan of the premises to be licensed. Front side and rear yard measurements are required. If any buildings are located on the premise, measurements and use of said building (s) is required. Also indicate where vehicles are to be displayed, stored or repaired. Any resource areas such as wetlands, ponds, lakes, streams, wells, septic system, etc., are to be shown.

A. Ownership

1. Name of Business to be license: _____

Federal I.D. # _____

2. Name of Applicant: _____

Title

3. Business Address: _____

4. Business Telephone: _____

5. In Line One (1) (The above) an Association, a Corporation or Partnership – Circle Appropriate one. Please list full names, title and home address.

a. President: _____

Address: _____ Tele. _____

b. Secretary: _____

Address: _____ Tele. _____

c. **Treasurer:** _____ **Tele.** _____

Address: _____ **Tele.** _____

Please Include Certified Copy of Articles of Incorporation

6. **If line one (1) (the above) is an individual, please list full name and Home Address.**

a. **Name:** _____ **Title:** _____

b. **Address:** _____ **Telephone:** _____

c. **Do you have a Business Certificate on file with the Town Clerk's Office? Yes** _____ **No** _____

B. **Any document that you might have on the property such as special permits, variances, etc., please attach copies of all pertinent documents.**

Authorized Signature: _____ **Title:** _____
Signed under penalties of perjury

Date: _____ **Residence:** _____

City or Town: _____ **State** _____

Contact Telephone # _____ **Home #** _____

Office # _____

Person who actually prepared this form

NAME: _____
Please Print

Signature _____

Address: _____

Relationship to this Business: _____ **Date:** _____

**PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR LICENSED
PREMISES AND FOR A NEW APPLICANT, A COPY OF THE PARKING
FLOOR PLAN:**

Sign Off Sheet – Approval of Town Agents

Business Name: _____

All Taxes have been paid through _____
Date

1. Released: _____
TOWN COLLECTOR

No municipal Action on file as of _____
Date

Released: _____
TOWN CLERK

1. Approval by the following Departments:

BUILDING DEPT. comments:

Signature

PLUMBING & GAS comments: _____

Signature

WIRE COMMENTS: _____

Signature

BOARD OF HEALTH:

CONSERVATION:

Signature

**HAZARDOUS
WASTE COORDINATOR** _____

Storage of hazardous waste and/or waste oil _____ **yes** _____ **no**

PLANNING

What is the Zoning of the area proposed to be licensed?

Is this allowed use per zoning? _____ **yes** _____ **no**

Has a variance been granted for this site and/or use? _____ **yes** _____ **no**

If yes include copy.

Is a variance required from Zoning Board of Appeals?

_____ **yes** _____ **no**

If yes indicate what variances are necessary:

Is the use a pre-existing non-conforming use? _____ **yes** _____ **no**

Approved _____ **Disapproved** _____

Zoning Enforcement Officer

Date

=====

Fire Department Approval :

Any storage of flammables on the premises? _____ yes _____ no

If yes indicate on the plan where on the proposed licensed premises is stored

Any storage of hazardous materials? _____ yes _____ no

As per State of Mass. Statute:

Approval of such storage from the District Fire Chef must accompany said application:

Approved _____ Disapproved: _____ Date: _____

Signature of District Fire Chief

After investigation - Approved _____

Disapproval _____

Signature of District Fire Chief

CHIEF OF POLICE

Approval: _____ Disapproval _____

