

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:**

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**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:**

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**Signature**

**HAZARDOUS  
WASTE COORDINATOR** \_\_\_\_\_

**Storage of hazardous waste and/or waste oil** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

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**PLANNING**

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

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**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:**

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**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

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\_\_\_\_\_  
**CHIEF OF POLICE**

Approval: \_\_\_\_\_ Disapproval \_\_\_\_\_

