Application for common victualler license requires the following:

1) Application is to be signed by individual, partners, corporate officer, or managing member.
2) Additional information – business name, business address, and business phone – to be recorded on application.
3) An application filed in the name of a corporation or limited liability company shall include a certified copy of articles of organization or certificate of organization filed with the Massachusetts Secretary of State.
4) A copy of the business certificate filed with the City Clerk of Lowell [978-674-4161] is to be included as part of the application.
5) Background information form is to be completed and filed for the individual, partners, officers, and members.
6) Applicant is to record a "tax identification number" on the application, and on the "background information form."
7) Lowell Health Department [978-674-4010] shall inspect the premises. A license is issued after satisfactory inspection.
8) Applicant is to be knowledgeable of the Massachusetts Dept. of Public Health regulations on food allergies.
9) The annual license fee to be paid to the City of Lowell is $75.00; license expires December 31st.
TO THE LOWELL LICENSE COMMISSION:

The undersigned respectfully makes application for the following type of license for the calendar year

**COMMON VICTUALLER**

Corporation Name:
or
LLC
Partnership
Sole proprietor

_________________________

↑ SIGNATURE ON LINE

Business Name

Business Address

Federal/Employee Identification Number:

Business Telephone

Mailing Information

Date Filed

Granted

Issued

Health Inspection

License Number

License Fee: $75.00

Mail to:
License Commission
Law Office, room 64
3rd fl, City Hall
375 Merrimack St.
Lowell, MA 01852

Fax: 978-453-1510
Telephone: 978-674-4156
Email: rwynn@lowellma.gov
Background Information by License Applicant
(print or type)

Name ____________________________________________

Home address ______________________________________

City/Town, State, Zip Code ______________________________

How long a resident at the above address __________________

Day time telephone #, include area code _____________________

Other telephone #, area code, if available ____________________

Date of birth __________________________

Birthplace __________________________________________

Social Security # ________________________________

Federal/Employee Identification # ____________________________