



# **Licensing Board for the City of Boston**

One City Hall Square, Room 809, Boston, Massachusetts 02201

Telephone: (617) 635-4170 | Facsimile: (617) 635-4742

Email: [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov)

## INSTRUCTIONS FOR A NEW COMMON VICTUALLER (CV) WITHOUT ALCOHOL LICENSE

**(Revised 3/2023)**

1. Please complete and submit this form with **all** of the documents from the checklist below. **Incomplete or illegible applications will NOT be accepted. Once completed, you may email it to [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov) and [Nancy.Mickiewicz@boston.gov](mailto:Nancy.Mickiewicz@boston.gov).**
2. CV Application Process:
  - a. If your current location/ address **does not already** have a Licensing Board approved CV (without Alcohol) license, you will need to attend a public hearing before the Licensing Board and contact your Neighborhood liaison to schedule an abutters meeting ([www.bit.ly/bostonons](http://www.bit.ly/bostonons)). Upon completion of the abutters meeting, you may submit this application with the required documents listed on the checklist below. The Inspection Certificate and Place of Assembly permit may be submitted later.
  - b. If the location/address that you are applying for **already has** a Licensing Board approved CV (without Alcohol) license and you are not making any changes then a public hearing and abutters meeting **will not** be required. You will be required to submit all of the documents from the checklist below.
3. **Please do not send license fee payments until instructed by Licensing Staff.** Annual CV license fee: \$100 base fee plus \$1 per capacity/seat. If take out only (no seats), \$210.
4. CV (without Alcohol) licenses must be renewed by the end of October. Failure to renew may result in an administrative hearing before the Board and the suspension or revocation of the License. **Late renewals will incur a double license fee payment.**

### **Application Checklist (Required)**

- A signed copy of the lease agreement (in the Applicant's name/ Entity's Name) **OR** agreement to lease signed by landlord and tenant **OR** a deed
- A valid Inspection Certificate\*
- A valid Place of Assembly Permit (Capacity of 50 or more people)\*
- A Certificate of Occupancy (If takeout only with 0 seats **OR** if location has not been previously licensed with a Common Victualler license)
- An 8 ½ x 11 floor plan with basic layout of the premise
- A completed **personal information form(s)** for **all** owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business.
- Businesses except for sole proprietor should submit a printout of the **Business Entity Summary screen** from the Massachusetts Corporations Division:  
(<https://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>)

**APPLICATION FOR COMMON VICTUALLER (WITHOUT ALCOHOL) LICENSE**

**PART 1: BUSINESS ORGANIZATION**

1. Name of Applicant (Individual/Corporation): \_\_\_\_\_
2. Doing Business As (d/b/a): \_\_\_\_\_
3. Physical Business Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_
4. Business Phone No: \_\_\_\_\_
5. Business Tax EIN Number: \_\_\_\_\_
6. Business Contact Email Address: \_\_\_\_\_
7. Manager of Record: \_\_\_\_\_
8. Manager Phone No.: \_\_\_\_\_
9. Is this business a franchise?      Yes      No
10. What is the expected opening date? \_\_\_\_\_
11. Description of Premise (ex. On what floor(s)? How many rooms? Where is the kitchen/storage? Patio?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Total Square Footage: \_\_\_\_\_ sq. feet
13. No. of Egresses (Entrances/Exits): \_\_\_\_\_
14. Is this takeout only? (Ex. 0 seats)      Yes      No
15. Seating capacity of the premise: \_\_\_\_\_
16. Hours of Operations (Specify days of week along with the opening and closing hours):  
\_\_\_\_\_  
\_\_\_\_\_
17. Are you requesting the use of an **outdoor patio**?      Yes      No (skip to question #17)
  - a. If yes, what type of property is the patio located?      Private      Public      Both
  - b. When will the patio be in use? Please specify the months. \_\_\_\_\_
  - c. Capacity of the patio: \_\_\_\_\_
  - d. Patio hours of operation: \_\_\_\_\_
  - e. If the patio is on private or public property, it should be specified on the Inspection Certificate and Place of Assembly permit (if over 50 capacity).
  - f. If the patio is on public property, a permit from the Public Improvement Commission (PIC) will be required. Do you have a permit from PIC?  
Yes (**please attach PIC approval**)      No
  - g. Please note that Licensing Staff will be in contact with you regarding the legal notice procedures including the \$170 advertising fee which you will pay directly to the Boston Herald and the notification of direct abutters.

18. Was there a Common Victualler (without Alcohol) license held at this address previously?      Yes      No

a. If yes, please list the business name and license number (ex. LB-123456): \_\_\_\_\_

\_\_\_\_\_

19. Attorney's Name: \_\_\_\_\_

20. Attorney's Phone No.: \_\_\_\_\_

21. Attorney's Address: \_\_\_\_\_

22. Attorney's Email: \_\_\_\_\_

23. List All Persons/Entities with Interest in this License (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial/financial interest). **Attach additional pages if necessary.**

Name of Person/Entity	Title/Position	# Stock/ % Owned

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application. I affirm that I have read and understand the instructions provided.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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**For the Board's Official Use Only**

**GRANTED                      REJECTED**

**Restrictions/Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL INFORMATION FORM**

**Instructions: All owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business must submit a copy of this form.**

Entity Name: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your title as it relates to the business/license: \_\_\_\_\_

Describe your interest in the business/license: \_\_\_\_\_

Place of current employment: \_\_\_\_\_

Employment for the last five years:

Dates	Position	Employer	Employer Address

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



City of Boston  
 Mayor Michelle Wu  
 Licensing Board

Commissioners:  
 Kathleen M. Joyce, Chairman  
 Keeana S. Saxon  
 Liam P. Curran

Executive Secretary:  
 Daniel R. Green

## EMERGENCY CONTACT INFORMATION FORM

Each licensee must complete and submit this form. **Please note the application will not be accepted without this form completed in its entirety.** Each Licensee must provide emergency contact information for an individual with control over the licensed premise. This information will be utilized by the Licensing Board for the City of Boston (the “Board”) and the Boston Police Department in the event of an incident at the licensed premise.

***NOTE: THE PHONE NUMBER FOR THE LICENSED PREMISE CAN NOT BE USED AS THE EMERGENCY CONTACT INFORMATION. A CELLULAR PHONE NUMBER FOR AN INDIVIDUAL WITH CONTROL OVER THE LICENSED PREMISE MUST BE PROVIDED.***

NAME OF LICENSEE: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

ADDRESS OF LICENSEE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

POSITION OF EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS OF EMERGENCY CONTACT: \_\_\_\_\_

HOME PHONE OF EMERGENCY CONTACT: \_\_\_\_\_

CELL PHONE OF EMERGENCY CONTACT: \_\_\_\_\_

EMAIL OF EMERGENCY CONTACT: \_\_\_\_\_

DOES THE LICENSED PREMISE HAVE SECURITY CAMERAS?  YES, How many? \_\_\_\_\_

NO

**CM FORM 16**  
**WAGE THEFT PREVENTION**

The City of Boston has established requirements for City contracts in an effort to prevent wage theft. Prospective vendors must provide the following certifications or disclosures with their bids/proposals. Failure to provide the following shall result in rejection of the bid/proposal.

**Instructions for Completing CM Form 16:**

A vendor must check box 1 or box 2 as applicable and must sign this Form, certifying compliance with the requirements set out in this Form. This Form must be included with the bid or proposal, and for multi-year contracts must be completed annually on the contract anniversary. Pursuant to the above-mentioned Executive Order, vendors who have been awarded a contract with the City of Boston must post the Massachusetts Wage and Hour Laws notice informing employees of the protections of G.L.c. 149, c. 151, and the Fair Labor Standards Act in conspicuous places.

**CERTIFICATION**

The undersigned certifies under penalties of perjury that the vendor is in compliance with the provisions of the Executive Order titled “Establishing Requirements for City Contracts in an Effort to Prevent Wage Theft,” as currently in effect. **All Vendors must certify the following:**

1. **Neither this firm nor any subcontractor has been subject** to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of G.L. c149, c151, or the Fair Labor Standards Act within three (3) years prior to the date of this bid/proposal submission.
2. This firm, or a subcontractor of this firm, **has been subject** to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of G.L. c149, c151, or the Fair Labor Standards Act within three (3) years prior to the date of this bid/proposal submission and such documentation is included in the bid/proposal submission.
3. Any federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of G.L. c149, c151, or the Fair Labor Standards Act imposed while any bid/proposal is pending and, if awarded a contract, during the term of the contract, will be reported to the Official within five (5) days of receiving notice.
4. Vendors awarded a contract that have disclosed a federal or state criminal or civil judgment, administrative citation, final administrative determination, or order resulting from a violation of G.L. c149, c151, or the Fair Labor Standards Act within three (3) years prior to the date of this bid/proposal, or during the term of the contract and through the contract term shall furnish their monthly certified payrolls to the Official for all employees working on such contract and may be required to obtain a wage bond or other suitable insurance in an amount equal to the aggregate of one year’s gross wages for all employees. Vendors subject to a state or federal debarment for violation of the above laws or prohibited from contracting with the Commonwealth are prohibited from contracting with the City, and upon a finding or order of debarment or prohibition, the City may terminate the contract.
5. Notice provided by the city, informing employees of the protections of the Order and applicable local, state, and federal law will be posted in conspicuous places.

\_\_\_\_\_  
Typed or Printed name of person  
signing quotation, bid, or proposal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Business

This notice can be found at: <https://www.mass.gov/ago/docs/workplace/wage/wagehourposter.pdf>

APPROVED AS TO FORM BY CORPORATION COUNSEL JANUARY 2015

(PUB 2015)