



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD
93 WASHINGTON STREET 2nd FLOOR
SALEM, MA 01970
TEL. 978-745-9595 EXT. 41504
FAX 978-744-1279

GARY M. BARRETT, CHAIRMAN
GARY SANTO, JR.
DEBORAH GREEL
SPEC. INVESTIGATOR, SGT. MIKE BALL
MELISSA PAGLIARO,
CLERK OF THE BOARD

REQUIREMENTS FOR A COMMON VICTUALLER LICENSE

1. Common Victualler Application
 - If a corporation, must have a vote authorizing the application for a license
 - Must submit Certified Articles of Organization
 - If a partnership, must submit a partnership agreement
 - Business Certificate
2. Health Department Notification Form or a letter from the Health Department
 - Must be signed by the Health Department and submitted with the application
3. Routing Slip or Certificate of Inspection
 - Must be submitted with all signatures, prior to issuance of the license
4. If property is being leased
 - A signed copy of the lease must be submitted
5. Must be advertised for one day in the Salem News
 - This office will supply the notice for you to have published
 - Original advertisement must be submitted to this office
6. Abutters must be notified of the application
 - This office will supply you with a certified abutter's list
 - Within three days of the publication you must notify the abutters by certified mail, with a returned receipt
 - The certified receipts (green cards) must be submitted to this office
7. \$50.00 fee (calendar year)
8. Purchase & Sales Agreement (if applicable)
9. Floor Plan
10. Menu



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MELISSA PAGLIARO,
CLERK OF THE BOARD

COMMON VICTUALLER APPLICATION - 2022

TO THE LICENSING BOARD:

I, the undersigned, duly authorized by the concern herein mentioned, apply for a new/renewal common victualler license.

1. Name of Business: _____ D/B/A _____

2. Address: _____ Tele.#: _____

Email address: (required) _____

3. Is the above concern an individual, co-partnership, an association or corporation?

4. If an individual, state full name, residential address, Soc. Sec. # and telephone number. If a co-partnership, state full names, residential addresses Soc. Sec. # and telephone numbers of persons composing it.

5. If an association or corporation, fill in the following paragraph.
(Place an * before the name of each director)

Name	No. of shares	Address	Tele. #
Name			
S.S. #	President		
Name			
S.S. #	Treasurer		
Name			
S.S. #	Clerk		

Capacity (per Bldg Dept): _____

NAME: _____

Days & Hours of operation: _____

RESIDENCE: _____

CELL/HOME# _____

PAYABLE TO THE CITY OF SALEM
APPLICATIONS DUE BY DECEMBER 15, 2021 – FEE – \$50.00

ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY



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SPECIAL INVESTIGATOR TO THE BOARD

2022

WEEKDAY AMUSEMENT / ENTERTAINMENT LICENSE APPLICATION

(Under section 183A, Chapter 140 of the General Laws)

Date: _____

Name of Business: _____

Address: _____

Type of Business: _____

Type of Amusement/Entertainment: _____

****ALL FORMS OF AMUSEMENT AND ENTERTAINMENT INCLUDING RADIO, MUSIC IN ANY FORM, TELEVISION, JUKE BOXES, ETC., REQUIRE LICENSING UNDER THE ABOVE SECTION. YOU MUST LIST SPECIFICALLY WHAT HAS BEEN APPROVED BY THE LICENSING BOARD.**

****SUNDAY LICENSES REQUIRE A SEPARATE APPLICATION. (A SUNDAY ENTERTAINMENT LICENSE IS NEEDED FOR ANYTHING MORE THAN TELEVISION AND RADIO)**

****IF THE ABOVE APPLICANT IS A CORPORATION THAN THE APPLICATION MUST BE SIGNED BY A CORPORATE OFFICER.**

Fee - \$100

Payable to:

The City of Salem

Print Name: _____

Phone #: _____

Email: _____



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ROUTING SLIP

The Salem Licensing Board requires each applicant to have the appropriate Departments sign this Routing Slip and return it to the Licensing Board Office prior to the issuance of a license.

BUSINESS NAME

Corporate name: _____

d/b/a: _____

LOCATION: _____ Tele. # _____

TYPE OF LICENSE: _____

APPLICANTS NAME: _____ EMAIL: _____

Residence

Street: _____ Home telephone # _____

City: _____ State: _____ Zip: _____

*****TO ALL CITY DEPARTMENTS: By signing this slip you are only acknowledging that the applicant has made your department aware of their plans. Licenses will not be issued a license until all Departments have confirmed that the applicant has complied with all requests. *****

Salem Historic Commission DATE
98 Washington Street / *Planning Dept.*

Sign/Review Planning Dept. DATE
98 Washington Street

Salem Health Department DATE
98 Washington Street

Fire Prevention DATE
29 Fort Avenue *call 978-745-7777*

Building Inspector DATE
98 Washington Street

Dept. of Public Services DATE
(Water Dept.) 98 Washington Street



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HEALTH DEPARTMENT NOTIFICATION FORM

IF YOUR APPLICATION INCLUDES THE SERVING OF FOOD YOU HAVE THIS FORM SIGNED BY THE HEALTH DEPARTMENT **PRIOR** TO SUBMITTING YOUR APPLICATION TO THE LICENSING BOARD. THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION TO THE LICENSING BOARD.

NAME OF BUSINESS (d/b/a): _____

CORPORATE NAME: _____

ADDRESS: _____

CONTACT NUMEBR#: _____

TYPE OF LICENSE APPLYING FOR: _____

APPLICANTS INFORMATION;

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Tele.#: _____ Cell#: _____

HEALTH AGENT/INSPECTOR'S COMMENTS:

DATE _____

Health Agent





THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date