

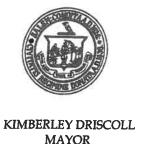
CITY OF SALEM, MASSACHUSETTS LICENSING BOARD

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



TO THE LICENSING BOARD:

CITY OF SALEM, MASSACHUSETTS LICENSING BOARD

93 WASHINGTON STREET 2nd FLOOR SALEM, MA 01970 TEL. 978-745-9595 EXT. 5631 FAX 978-744-1279

GARY M. BARRETT, CHAIRMAN

DEBORAH GREEL

GARY SANTO, JR.

SGT. MIKE BALL, SPEC. INV.

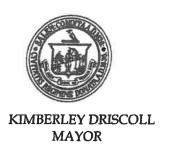
MELISSA PAGLIARO, CLERK OF THE BOARD

COMMON VICTUALLER APPLICATION - 2022

2. Address:			Tele.#:	
		al, <u>co-partnership,</u> an		
4. If an individu state full name	al, state full name, res, residential addres	esidential address, Soc ses Soc. Sec. # and tel	. Sec. # and telepho.	ne number. If a co-partnership, persons composing it.
. If an association (Place an Name	on or corporation, fi * before the name of	Il in the following para of each director) No. of shares	graph. Address	Tele.#
Name				
- 1	President			
	President			
S.S. #	President Treasurer			
S.S. # Name S.S. #				
Name S.S. # Name S.S. # Name S.S. #				
S.S. # Name S.S. # Name S.S. #	Treasurer Clerk			NAME
S.S. # Name S.S. # Name S.S. # apacity (per Bldg	Treasurer Clerk Dept):			NAME:

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

ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY



Date:

CITY OF SALEM, MASSACHUSETTS LICENSING BOARD

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GARY M. BARRETT, CHAIRMAN GARY SANTO, JR. DEBORAH GREEL

> MELISSA PAGLIARO, CLERK OF THE BOARD

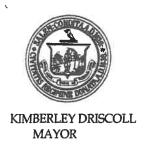
SGT. MIKE BALL SPECIAL INVESTIGATOR TO THE BOARD

2022

WEEKDAY AMUSEMENT / ENTERTAINMENT LICENSE APPLICATION

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

Name of Business:	
Address:	
Type of Business:	
Type of Amusement/Entertainmen	t:
FORM, TELEVISION, JUKE BOXES, ETC	ENTERTAINMENT INCLUDING RADIO, MUSIC IN ANY L, REQUIRE LICENSING UNDER THE ABOVE SECTION. YOU BEEN APPROVED BY THE LICENSING BOARD.
**SUNDAY LICENSES REQUIRE A SEPA NEEDED FOR ANYTHING MORE THAN	ARATE APPLICATION. (A SUNDAY ENTERTAINMENT LICENSE IS TELEVISON AND RADIO)
**IF THE ABOVE APPLICANT IS A CORPORATE OFFICER.	PORATION THAN THE APPLICATION MUST BE SIGNED BY A
Fee - \$100	
Payable to: The City of Salem	Print Name:
The only of butons	Phone #:
	Email:



CITY OF SALEM, MASSACHUSETTS LICENSING BOARD

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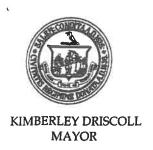
GARY F. SANTO, JR.

MELISSA PAGLIARO, CLERK OF THE BOARD

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:	
•	
LOCATION:	Tele. #
TYPE OF LICENSE:	
APPLICANTS NAME:	EMAIL:
Residence	Home telephone #
Citv:	State: Zip:
license until all Departments have correquests. ***	nfirmed that the applicant has complied with all
Salem Historic Commission DATE 98 Washington Street / Planning De	Sign/Review Planning Dept. DATE 98 Washington Street
Salem Health Department DATE	Fire Prevention DATE
98 Washington Street	29 Fort Avenue Call 978-745-7777
Building Inspector DATE	Dept. of Public Services DATE
98 Washington Street	(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		

Updated 3/19



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



Criminal Offender Record Information (COR!) Acknowledgement Form

To be used by organizations	conducting CORI checks for employment, volunt purposes.	teer, subcontractor, licensing, and housing
	THE CITY OF SALEM	is registered under the
	(Organization)	
provisions of M.G.L. c.6, § 17	2 to receive CORI for the purpose of screening co	urrent and otherwise qualified prospective
employees, subcontractors, v housing.	olunteers, license applicants, current licensees,	, and applicants for the rental or lease of
rental or lease of housing, I up	nployee, subcontractor, volunteer, license applic nderstand that a CORI check will be submitted fo ide permission toTHE CI	or my personal information to the DCJIS. I
		Organization)
to submit a CORI check for m signature. I may withdraw this	y information to the DCJIS. This authorization is authorization at any time by providing	s valid for one year from the date of my THE CITY OF SALEM
		(Organization)
with written notice of my inten	t to withdraw consent to a COR! check.	
FOR EMPLOYMENT, VOLUNTEE	R, AND LICENSING PURPOSES ONLY:	
The	THE CITY OF SALEM	may conduct
	(Organization)	may conduct
subsequent CORI checks within	one year of the date this Form was signed by me	, provided, however, that must first provide me
	(Organization)	- Indiana provide inc
with written notice of this check		
By signing below, I provide my Acknowledgement Form is true a	consent to a CORI check and affirm that the in and accurate.	nformation provided on Page 2 of this
Signature	of CORI Subject	Date



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: 617-660-4506 | FAX: 617-660-5973 MASS.GOV/CJIS



HALL SELECTION OF THE SECTION OF SECTION OF THE SEC	41
Please complete this section using the information of the	्रों।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।।
The fields marked with an asterisk (*	*) are required fields.
* First Name:	
* 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	h:
* 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:
A STATE OF THE PARTY OF THE PAR	The state of the s
The above information was verified by reviewing the following form(s) of	Control of the Contro
	Social menulcation:
Verified by:	
Order to the Control of the Control	
Print Name of Verifying Employee	
Signature of Verifying Employee	Date