



**LICENSE APPLICATION/ RENEWAL  
COMMON VICTUALLER**

DATE \_\_\_\_\_

FEE \$ 25.00

NAME OF BUSINESS \_\_\_\_\_

ADDRESS/LOCATION FOR PERMIT USE \_\_\_\_\_

ASSESSORS MAP & LOT \_\_\_\_\_

NAME OF APPLICANT/PETITIONER \_\_\_\_\_

ADDRESS OF APPLICANT/PETITIONER \_\_\_\_\_

TELEPHONE # OF APPLICANT \_\_\_\_\_ Email \_\_\_\_\_

F.I.D # OF APPLICANT/PETITIONER \_\_\_\_\_

IF A CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE, AND HOME ADDRESS OF  
OFFICERS OR PARTNER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

.....  
TO: TREASURER/COLLECTOR  
FROM: HEALTH DEPARTMENT

**Please inform this department, as to whether or not the above property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and or municipal charges that remain unpaid for more than one year.**

**Does the property owner/petitioner/applicant owe taxes/municipal charges? \_\_\_\_\_**

Signed \_\_\_\_\_  
(Treasurer & Collector)