



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139  
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112  
[License@cambridgema.gov](mailto:License@cambridgema.gov)

**FEE: \$100.00**

## ANTIQUE, SECOND HAND GOODS, AND JUNK DEALER LICENSE APPLICATION

Corporate or Applicant Name: \_\_\_\_\_  
Doing Business As (d.b.a): \_\_\_\_\_ Tax ID No.: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Manager Information (if different from owner):

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Types of items requesting to sell** (use an additional sheet if necessary):

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

### Proposed Days/Hours of Operation:

Sunday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Monday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_

*The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is true accurate to the best of my understanding and belief.*

Print Name: \_\_\_\_\_ Relation to Business: \_\_\_\_\_  
Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone/Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

### For Official Use Only

Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

Conditions/Notes: \_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) REQUEST FORM

Cambridge License Commission has been certified by the Executive Office of Public Safety and Security for access to conviction and pending criminal case data. As an applicant for a \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

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### APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ Suffix (Jr., III): \_\_\_\_\_

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

\*Phone Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Last six digits of Social Security #:XXX - \_\_\_\_ - \_\_\_\_ \*If no Social Security Number, check here:

\*Current Street Address (include state and zip code): \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

Alias(es), if any: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

*I, the undersigned, hereby acknowledge that the License Commission for the City of Cambridge is registered under the provisions of G. L. c. 6, § 172, to receive Criminal Offender Record Information ("CORI") for the purposes of screening current licensees and potential licensees. I am hereby providing my authorization to the Cambridge License Commission to conduct a CORI check and obtain and review information from the Department of Criminal Justice Information Services ("DCJIS"). I understand this authorization is valid for one year from the date of my signature and it can only be withdrawn if I submit written notice to the License Commission. Finally, the License Commission is hereby authorized to conduct subsequent CORI checks within one year of the date of this form signed by me, provided the License Commission first provide me with written notice of its intent to do so. I hereby further attest and affirm the above information is true and accurate, and sign under the pains and penalties of perjury.*

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Employee Running Check: \_\_\_\_\_

Dated: \_\_\_\_\_

CORI ISSUES:                      No                      Yes

COMMENTS: \_\_\_\_\_

\_\_\_\_\_



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## LICENSED PREMISES INSPECTION APPROVALS FORM

**To all Applicants:** Approval of the departments listed below must be received by the Licensing Commission before a license will be issued.

**PLEASE NOTE:** Written approval from the Zoning Division of Inspectional Services Department **must** be obtained **before** an application can be accepted by this office. Fully dimensional floor plans, with egresses, fixtures and furniture marked, must be submitted to Inspectional Services Department prior to or along with this document.

**Contacts:** **Zoning, Building, Electrical & Health**  
Inspectional Services Department  
831 Massachusetts Ave, Cambridge, MA  
617-349-6100

**Fire Prevention Bureau**  
Cambridge Fire Department  
489 Broadway, Cambridge, MA  
617349-4918

Please list all Licenses/Uses for which you are applying: \_\_\_\_\_

### **To be Completed by Applicant:**

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **List of Uses for each Floor:**

Basement: _____	First: _____
Second: _____	Third: _____
Fourth: _____	Fifth: _____
Add'l Levels: _____	Roof: _____

**NOTE: Applicant is responsible for securing signatures of the following inspector(s) for their approval:**

Zoning Specialist: \_\_\_\_\_  
Uses Allowed by Zoning: \_\_\_\_\_

**Restaurants:** Total # of Occupants: \_\_\_\_\_ Total # on off-site/off-street parking spaces exclusively dedicated to restaurant use and available at all times when license is being exercised: \_\_\_\_\_

Building Inspector: _____	Date: _____
Sanitary Inspector: _____	Date: _____
Wiring Inspector: _____	Date: _____
Fire Department: _____	Date: _____

## **INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS**

*According to Black's Law Dictionary, an abutter is an "owner of adjoining land; one whose property abuts another's." As such, to satisfy the legal requirement of notice to an abutter, the applicant only needs to give notice to the owners of all the properties whose boundaries touch the boundaries (front, back, left and right) of the premises where the business is intending to open. The applicant may choose to notice additional persons (i.e. those across the street) but is **not** required to do so. Applications/petitions relating to alcoholic beverage and fortune teller licenses are further required to notice any schools, churches or hospitals within five hundred (500) feet of the proposed business location.*

1. Go to the City of Cambridge's Assessing Department, 795 Massachusetts Avenue, and obtain a list of abutters as defined above. If your application/petition relates to a liquor or fortune teller license, you also need to ask for a list of schools, churches and hospitals within five hundred (500) feet of the proposed business's location.
2. Complete the *Affidavit of Notice to Abutters and Others* by listing the names and mailing addresses of the abutters in the spaces provided and/or attaching the list to the *Affidavit*.
3. When the legal notice is published in the Cambridge Chronicle, you must send a copy of the advertisement to each abutter by Certified Mail, Return Receipt Requested. You must mail out these notices within three (3) days of the date the advertisement is published.
4. In addition to sending the copy of the advertisement to any church, school or hospital within five hundred (500) feet of the proposed business location, you must notify the church, school or hospital that if it objects to the application/petition, the church, school or hospital must submit a written objection to the Board by the date of the hearing. Receipt of an objection does not bar the Board from granting the application/petition if the Board deems the grant of the proposed application/petition serves the public need and will not be detrimental to the activities/functions of the church, school or hospital.
5. Bring the completed and notarized *Affidavit* to the hearing. You must attach to the *Affidavit* a copy of the advertisement, the original certified mail receipts, and the original return certified receipts (green cards) bearing signatures of persons receiving said notices and those which were returned as undeliverable mail. You must turn in the original receipts and green receipt cards to the Board during the hearing. The Board will not vote on, or may deny, your application/petition if these documents are not provided to it.

**AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS**

To the License Commission for the City of Cambridge:

I, (print your name) \_\_\_\_\_, applicant/applicant's representative for a (print type of license requested) \_\_\_\_\_ license, to be operated at (print address of proposed location) \_\_\_\_\_ hereby certify that the following is a true list of the owners of the abutting property(ies) per the Assessor's most recent valuation list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

And that the following schools, churches or hospitals are located within a five hundred (500) feet radius from said proposed location (if none, please specify as such): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I also certify that notice of the application/petition was given to each of the above-listed by mailing via Certified Mail, Return Receipt Requested, within three days after publication of the advertisement of the application/petition, a copy of the attached advertisement of the application/petition. Proof of service is evidenced by the attached certified mail receipts and return certified receipts bearing signatures of persons receiving said notices, in addition to those which were returned as undeliverable mail.

Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_ (year).

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

(Notary Public Seal)

Name of Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_