



# 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: [FEE SCHEDULE](#)

## INITIAL COMMON VICTUALLER LICENSE APPLICATION

Corporate Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Doing Business As (d.b.a): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Licensed premises Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Manager Information:

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

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

Description of the Premises: (use an additional sheet if necessary)

Patio  Roof      Is this a Franchise?       Yes  No

Kitchen description : \_\_\_\_\_

Sq. Footage: \_\_\_\_\_ Lunch Counter?       Yes  No

Proposed seating capacity : \_\_\_\_\_ Tables/No. seats: \_\_\_\_\_

Booths/No. seats: \_\_\_\_\_ Outside seating: \_\_\_\_\_ Total Occupancy: \_\_\_\_\_

Type of food to be served:      Breakfast       Yes  No

   Lunch       Yes  No

   Dinner       Yes  No

Do you intend to apply for an alcoholic beverages license during the license year?       Yes  No

If so, what kind?       All alcoholic       Wine and Malt       Wine, Malt and Cordials

Proposed Days/Hours of Operation:

Sunday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Please attach a resume or description of your food business experience.



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Has any license held by you ever been revoked, suspended or otherwise subject to disciplinary action?  Yes (attach full explanation of circumstances)  No

Do you hold any other business or occupational licenses?  Yes (provide details)  No

**PLEASE NOTE:** "Brown Bagging" or BYOB is not permitted in Cambridge.\*\*

*The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is accurate; there have been no changes to the business or interest holders since last year; and that the above-listed licensee is currently conducting the licensed business in accordance with the laws of the Commonwealth of Massachusetts and the City of Cambridge. It is further attested that the licensee has filed all state tax returns, paid all state taxes required by law, and has submitted simultaneously herewith a Workers' Compensation Affidavit with any necessary supporting documentation.*

Print Name: \_\_\_\_\_ Relation to Business: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone/Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

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***For Official Use Only***

Fee Total: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_



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## TAX CERTIFICATION FORM

License Year: \_\_\_\_\_

Licensee information: \_\_\_\_\_

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

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

D/B/A: \_\_\_\_\_

Manager: \_\_\_\_\_

By signing below I hereby certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water, sewer and solid waste disposal bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Cambridge required by law.

\_\_\_\_\_  
Signature of Applicant or By Corporate Name\*

\_\_\_\_\_  
Corporate Officer

\_\_\_\_\_  
Social Security # (voluntary)  
or Federal Identification Number\*\*

\*This license *will not be issued or renewed* unless this certification clause is signed by the applicant.

\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency *will be subject to license suspension or revocation*. This request is made pursuant to Massachusetts General Laws, Chapter 62C, Section 49A.