

# Town of Otis

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## Board of Selectmen ♦ Board of Health

Town Hall ♦ One North Main Road ♦ Otis, MA 01253-0237  
(413) 269-0100 ext. 103 or 104

### GENERAL LICENSE APPLICATION

Name of establishment: \_\_\_\_\_

Physical address of establishment: \_\_\_\_\_

Mailing address of establishment: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Owner or Corporation information: \_\_\_\_\_

Manager or Emergency Contact: \_\_\_\_\_

TYPE OF LICENSE	FEE	EXPIRATION	DUE
<input type="checkbox"/> Agricultural	\$25.00	December 31st	
<input type="checkbox"/> Amusement	\$20.00	December 31st	
<input type="checkbox"/> Food Service (Common Victualler)	\$60.00	December 31st	
<input type="checkbox"/> Innholder	\$20.00	December 31st	
<input type="checkbox"/> Lord's Day	\$10.00	April 30th	
<input type="checkbox"/> Milk & Cream	\$10.00	May 31st	
<input type="checkbox"/> Mobile Food Cart*	\$60.00	December 31st	
<input type="checkbox"/> Recreational Campground	\$60.00	December 31st	
<input type="checkbox"/> Recreational Campground for Children	\$10.00	December 31st	
<input type="checkbox"/> Retail Food	\$60.00	December 31st	
<input type="checkbox"/> Swimming Pool	\$50.00	December 31st	
<input type="checkbox"/> Tobacco Permit	\$10.00	June 30th	
<b>TOTAL AMOUNT DUE</b>			

Days and hours of operation: \_\_\_\_\_

Water source: \_\_\_\_\_

Sewage disposal: \_\_\_\_\_

If restaurant, number of seats available: \_\_\_\_\_

Person trained in anti-choking procedures (if 25 seats or more): \_\_\_\_\_

Food service certification number: \_\_\_\_\_ Exp. \_\_\_\_\_

*Pursuant to MGL c. 62C § 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number or Federal ID # \_\_\_\_\_

\*Applications for Mobile Food Units or Pushcarts must include list of hand wash and toilet facilities available at each location or route. Please attach a separate sheet.

**All applications are subject to Board of Selectmen/Board of Health approval. Applications must be submitted with payment, together with the Commonwealth of Massachusetts Department of Industrial Accidents Workers' Compensation Insurance Affidavit for General Business ([www.mass.gov/dia](http://www.mass.gov/dia)) and a policy declaration page (if applicable).**