



**OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200**

**FOOD VENDOR APPLICATION
INSTRUCTIONS**

- (1) Fill out and return the attached application with the following attachments to the Selectmen's Office, 333 Washington Street, Brookline, MA 02445 or email to tsouza@brooklinema.gov:
- a. A description, illustration, and/or detailed plan of the proposed licensed premises on 8 ½ x 11 paper (if possible) drawn to scale as may be necessary describing the placement of waiting areas, tables, chairs, stools, fixed seating, booths, service counters or bars, standing only areas, entertainment areas, dance floors, kitchen facilities, bathrooms, hallways, rooms, railing partitions and other barriers, entrances and exits, and interior doors, and describing the premises' signage and any other exterior and interior decorations or features. If there are no premises in existence at the time of the application, the applicant must submit a detailed description as described above describing the premises proposed to be constructed.
 - i. Floor plans must be done by an Architect or Engineer. Hand drawn plans will NOT be accepted
 - b. Copy of food and beverages menus.
 - c. General description of the operations. The description of the operations shall include operations related to any delivery service provided, including the delivery hours, mode of transportation used, and parking arrangements for any vehicle used.
 - d. If applicant is a corporation, submit a copy of Articles of Organization and fill out the attached Vote of Corporation Form.
 - e. Description of a plan for the control of elimination of litter.
 - f. Interview Form and three (3) letters of character reference.
 - g. (All individuals listed on application must supply this information.)
 - h. If the location is currently licensed, a letter from the current licensee stating that the license will be surrendered when one is granted to the applicant.
- (2) Copy of CERTIFICATE OF OCCUPANCY OR USE prior to business opening.
- (3) Application fee: \$255.00 – Payable with application – Non-refundable.

***Please submit hard copy to the Select Board's Office in person or by mail
to: 333 Washington Street 6th Fl, Brookline, Ma 02445***

OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200

**APPLICATION FOR NEW LICENSE
FOOD VENDOR
(TAKE OUT ONLY – NO SEATING)**

DATE: _____

LOCATION: _____

APPLICANT: _____

INDIVIDUAL/PARTNERSHIP/CORPORATION

D/B/A: _____

BUSINESS OWNERSHIP- INDIVIDUAL/PARTNERS/CORPORATE OFFICERS:

NAME	TITLE	ADDRESS	PHONE#	EMAIL ADDRESS
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NAME	TITLE	ADDRESS	PHONE #	EMAIL ADDRESS
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NAME	TITLE	ADDRESS	PHONE #	EMAIL ADDRESS
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HOURS OF OPERATION FOR FOOD SERVICE:

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

HAVE YOU PREVIOUSLY HELD A COMMON VICTUALLER LICENSE IN BROOKLINE/ELSEWHERE? _____

IF YES, LOCATION: AND DATES: _____

IF NOT, DO YOU HAVE PRIOR EXPERIENCE IN THE FOOD SERVICE BUSINESS: _____

IF YES, LOCATION: AND DATES _____

MENU: (GENERAL TYPE OF FOOD SERVED)

FLOOR SPACE SQ. FT. _____

NUMBER OF PARKING SPACES (IF ANY): _____

NUMBER OF EMPLOYEES: _____

APPLICANT SIGNATURE _____ **TITLE:** _____ **PHONE#** _____

EMAIL ADDRESS _____

ALL FOOD VENDOR LICENSES ARE SUBJECT TO APPLICABLE FEDERAL, STATE, AND TOWN LAWS, REGULATIONS AND CODES, INCLUDING MASSACHUSETTS GENERAL LAWS CHAPTER 140, TOWN BYLAWS SECTION 8.10, AND THE TOWN'S PREPARED FOOD SALES REGULATIONS.



VOTE OF CORPORATION

DATE: _____

AT A MEETING OF THE BOARD OF DIRECTORS OF _____

HELD AT: _____ ON: _____

IT WAS DULY VOTED THAT THE CORPORATION APPLY TO THE LICENSING BOARD FOR THE
TOWN OF BROOKLINE FOR A

(TYPE OF LICENSE)

FOR THE YEAR _____ TO BE EXERCISED ON THE PREMISES LOCATED AT

VOTED: TO AUTHORIZE _____ TO
SIGN

THE APPLICATION FOR THE LICENSES IN THE NAME OF _____

_____ AND TO EXECUTE ON ITS
BEHALF ANY NECESSARY PAPERS, AND TO DO ALL THINGS REQUIRED RELATIVE TO THE
GRANTING OF THE LICENSE.

THIS CORPORATION HAS _____ BEEN DISSOLVED.

A TRUE COPY

ATTEST: _____

CLERK



RENOVATION FORM

IF RENOVATIONS ARE BEING MADE TO LOCATION: PLEASE DESCRIBE IN DETAIL WHAT RENOVATIONS WILL BE MADE, DATE AND SIGN BELOW.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

DATE: _____ SIGNATURE OF APPLICANT: _____

(PLEASE SUBMIT A SET OF PLANS)



LICENSE INTERVIEW FORM

TYPE OF LICENSE APPLYING FOR: _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____ **MOTHER'S MAIDEN NAME:** _____

ARE YOU A CITIZEN? **YES** **NO** **ALIEN CARD #** _____

ARE YOU A VETERAN: **YES** **NO** _____

RESIDENCES FOR LAST FIVE YEARS

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

EDUCATION

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

EMPLOYMENT HISTORY

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

SIGNATURE: _____ **DATE:** _____

(PLEASE SUBMIT THREE CHARACTER REFERENCES WITH APPLICATION)



STATE TAX VERIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

*Signature of Individual

By: Corporate Officer

** Social Security #

Voluntary or Federal ID #

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

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.



**OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200**

Certificate of Occupancy or Certificate of Use Agreement

All new establishments, pursuant to 780 CMR The Massachusetts State Building Code Section R110.0 or 111.0 as amended, are required to obtain a Certificate of Occupancy or Certificate of Use from the Building Department.

After the Select Board approval, prior to the start of business, a Certificate of Occupancy or Certificate of Use must be provided to the Select Board's Office to be filed with the application.

With the submittal of the Certificate of Occupancy or Certificate of Use you will then, and only then, be issued the license(s) associated with your establishment. These licenses are required to be in your possession prior to your establishment being open to the public.

Operating an establishment without proper licensing and/or Certificate may result in fines and possibly closure of the establishment until you have been cleared, by departmental approval, to open.

Any questions or concerns in regards to obtaining a Certificate of Occupancy or Certificate of Use can be answered at the Brookline Building Department 617-730-2100.

Application Agrees to terms and conditions:

APPLICANT SIGNATURE _____ TITLE: _____

PHONE#: _____ EMAIL ADDRESS: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office**
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

Steps to getting your license

Step 1

You will need to fill out the application(s) and submit it to the Select Board. Mail or hand deliver to the Select Board's Office, 333 Washington Street, 6th Floor, Brookline, MA 02445 or email to tsouza@brooklinema.gov.

For restaurants, you will need to consider how many licenses you need.

- Are you serving alcohol? – You will need to follow ABCC application guidelines and must be submitted with the Brookline application(s). You may also need an Alternate manager.
- Is there seating or is it take out? You will need either a Common Victualler (CV) or Food Vendor license.
- Will you be providing any entertainment like televisions and/or music in the background? You will need an entertainment license. No extra cost for this license.
- Will there be outdoor seating? – The numbers will affect the CV price.

For Non-restaurants, please contact Building Department to confirm the space is zoned for your type of establishment

The process does not start until you have a **COMPLETE** application. What this means is that if anything is missing from the backup that is required or on your application, it will not be processed.

Step 2

A few days after submitting the complete application(s) you will need to reach out to other departments in Brookline Town Hall. Call each department to notify them that you are opening a new business. Depending on your business type, you may or may not need other licenses from those departments.

- Business Certificate – Town Clerk's Office 617-730-2010
- Building Permits and Certificates – Building Department 617-730-2100
- Fire Permits – Fire Department 617-730-2270
- Food Permit – Health Department 617-730-2300
 - Do not confuse this with a Food Vendor License
- Planning Department – To go over requirements for storefront signage. 617-730-2103

Step 3

You may be required to submit a legal ad and notify the abutters within the legal timeframe of the hearing. – Which is 10 days prior to hearing.

You have now submitted the application. This application will be circulated among various departments for them to review. A review memo will be required of the departments regarding the business prior to Select Board approval. This is an internal process.

These licenses require a hearing. This gives the Select Board the opportunity to meet you and ask any pertinent questions about your business. This also allows the public to speak in favor or against this application. The licensing hearings are scheduled once a month on the third Tuesday of the month. The

paperwork is due by the third Thursday of the previous month. For ex. Complete paperwork due by Feb 18, 2021 for the March 16, 2021 hearing. Summer schedule may vary.

During the pandemic, this will be a virtual hearing using Zoom or in person. You will be able to obtain the hearing link on the Town's website by the Friday prior to your hearing.

In the future, this may return to an all in-person hearing, which will be conducted in the hearing room at Brookline Town Hall on the sixth floor. Meetings typically start around 5:00pm.

Step 4

You now have to attend a licensing hearing. You received an approval from the Select Board. If the Board voted contingent upon the completion of what they require then you are not approved until the request has been met.

You will **NOT** be permitted to open the business until:

- You have provided a copy of the Certificate of Occupancy, Inspection or Use from the building department to the Select Board's office.
- You have received your final inspections from the Building, Health and Fire Departments.
- You have received approval from the Alcohol Beverages Control Commission (ABCC) *alcohol only*.
- Paid for license(s).
- Picked up your license from the Select Board's Office.

You have now received your license. Display this license where it can be seen by the public.

**You are not cleared to open
until you return to
the Select Board's Office
to pick up and pay for your Final
license**

Food Vendor



To apply for a Food Vendor License, you will need the following:

- ☐ **Food Vendor Application**
 - ☐ Vote of Corporation
 - ☐ Renovation Form
 - ☐ License Interview Form
 - ☐ State Tax Verification Form
- ☐ **Copy of menu**
- ☐ **Description of Operations**
- ☐ **Delivery description** (*how you receive supplies, not Grubhub or Uber Eats etc.*)
- ☐ **Litter Letter** (*description of trash removal*)
- ☐ **Three letters of reference** (*signed*)
- ☐ **Floor plans** (*Plans must be stamped by an architect*)
- ☐ **Business Certificate** (*Town Clerks Office*)
- ☐ **Certificate of Occupancy, Use, or Inspection agreement**
- ☐ **Workers' Compensation Form** (*required prior to opening*)
- ☐ **General Liability Insurance Certificate** (*required prior to opening*)
- ☐ **Entertainment Application** (*if applicable*)
- ☐ **Outdoor Seating Application** (*if applicable*)

Please Note: You may be requested to submit additional supporting documentation if necessary.

All fictitious name certificates for businesses, commonly known as "Doing Business As" (DBA) certificates, are filed with the Office of the Town Clerk. Massachusetts requires any person or business entity who is conducting business under an alias (i.e. any other name than their own), including corporations, to file a business certificate in the community where their business is principally headquartered.

BUSINESS CERTIFICATE (D/B/A) CHECKLIST

- Certificate must be signed in the presence of a Notary Public
- A copy of your current lease agreement that includes signatures
- A copy of your recent real estate tax if you own the property
- A copy of the recent Annual Report if your business is a corporation or LLC
- A check payment of \$100 for Resident, \$150 for Non-Resident, payable to the Town of Brookline

Please allow 5-7 business days for processing.

DBA certificates allow consumers to identify and locate the proprietor of a business. The filing of a DBA certificate also serves as notice that the filer claims the exclusive use of the name contained in the certificate. Filing a business certificate at the local level, however, does not protect your name. If you have a business name or a symbol that you consider unique and valuable you may want to register it as a trademark or a service mark.

A "trademark" is any word, name, symbol or device, or combination of these, used by a person (individual, partnership, corporation, or association) to identify their goods and to distinguish them from the goods of others.

A "service mark" identifies and distinguishes a person's services and is given the same protection as a trademark.

There is no requirement under the Trademark Law (M.G.L. Chapter 110B) that a person register with the Commonwealth of Massachusetts. However, under M.G.L. Chapter 110, §5, any person doing business under a name other than their own must file a business certificate with the town or city hall where they maintain an office.



**Town of Brookline, Massachusetts
Office of the Town Clerk
DBA CERTIFICATE**

FILING FEE \$100 LOCAL BUSINESS, \$150 OUT OF TOWN BUSINESS

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the Massachusetts General Laws, as amended, the undersigned hereby declare(s) that a business is being conducted in the Town of Brookline under the title of:

NAME OF BUSINESS: _____
BUSINESS ADDRESS: _____ BROOKLINE, MA ZIP _____
BUSINESS MAILING ADDRESS: _____
BUSINESS TELEPHONE #: _____
E-MAIL ADDRESS: _____
TYPE OF BUSINESS: _____

by the following named person(s), including title, if corporate officer

FULL NAME OF EITHER OWNER/PRESIDENT/TREASURER	RESIDENCE
1. Print _____ SIGNATURE [In presence of Notary]	_____ Street Address _____ City, State, Zip
2. Print _____ SIGNATURE [In presence of Notary]	_____ Street Address _____ City, State, Zip

The Commonwealth of Massachusetts County of _____

On this ____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ who proved to me through satisfactory evidence of identification, which was _____, to be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief.

(Seal)

(Notary Public/Title)

This section is to be executed by a Notary Public **OR** a representative of the Office of the Town Clerk

In accordance with the provisions of Chapter 337 of Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership. Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than Three Hundred Dollars (\$300) for each month during which such violation continues.

OFFICE USE ONLY

Date Received: _____ Book _____ Page _____ Expiration Date _____
By: _____ New Renewal Check no. _____

*The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.