



TOWN OF SPENCER, MASSACHUSETTS
APPLICATION FOR COMMON VICTUALLER LICENSE

Name of applicant: _____

Address of applicant: _____

Phone number of applicant: _____

Name of business: _____

Doing business as: _____

Address of premises: _____

FID or SSN: _____

Manager's name: _____

Hours of operation: _____

Additional details: _____

Board of Health Approval:

Board of Selectmen Approval:

Fee: \$30.00

Remarks:

Please submit this form to the Board of Selectmen, 157 Main Street, Spencer, MA 01562