



**Town of Wrentham  
Board of Selectmen**

79 South Street Wrentham, MA 02093  
Tel: (508) 384-5400  
Email: BOS@wrentham.gov

**RENEWAL APPLICATION FOR COMMON VICTUALLER'S LICENSE**

\$90.00 fee as well as 10% Administrative Fee payable to the Town of Wrentham with application.

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

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone Number of Business: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Name of Applicate/Manager: \_\_\_\_\_

Address of Applicate: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Please include the following documents:

- Proof of Worker's Compensation Certificate/Policy

\_\_\_\_\_  
Signature of Applicant

**\*Please be sure to contact the Board of Health and Building Department for their license requirements prior to handing this application to the Selectmen's Office. \***

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**FOR OFFICE USE ONLY**

Board of Selectmen Fee Paid: \_\_\_\_\_ Approved by the Board of Selectmen on: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Following Provided Comment:

\_\_\_ Building Commissioner    \_\_\_ Fire            \_\_\_ Treasurer/Collector            \_\_\_ Police  
\_\_\_ Public Workers            \_\_\_ Town Administrator            \_\_\_ Board of Health



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**Bylaw Article 22 – Certification of Tax & Fee Payment**

Name of Business: \_\_\_\_\_  
Request License to: \_\_\_\_\_  
At: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

Name and Address of Property Owner, if not the same as Applicant:  
\_\_\_\_\_

Signature of Property Owner Allowing the Use of the Property for this Purpose: \_\_\_\_\_

**Applicant hereby certifies under the pains and penalties of perjury that all taxes and/or charges owed to the Town of Wrentham have been paid.**

Signature of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

.....  
For Office Use Only:

Sent to the Following for Comment:

Building Commissioner  
 Fire Chief  
 Police Chief

Treasurer/Collector  
 Public Works Superintendent

Abutter(s) Notified, if Required: Y / N

Board of Selectmen:

Approved  Denied on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Conditions/Stipulations:



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I certify under the pains and penalties of perjury that I, \_\_\_\_\_, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.

\_\_\_\_\_  
Signature of Individual or  
Corporate Officer (Mandatory Corporate Name)