



City of Lynn, Commonwealth of Massachusetts
COMMON VICTUALLER RENEWAL APPLICATION

FEE: \$125.00

PETITION OF LYNN LICENSING BOARD

JANUARY 1 through DECEMBER 31

Please enter your business information: (Please print all information)

Name of Business _____

Address of Business _____

Telephone Number of Business _____

Tax Identification Number

(Required by Department of Revenue) _____

e-mail address _____

Seating Capacity

Does your establishment sell alcohol? Yes No

Do you have entertainment? (TVs, Radios, DJ, Live Music, etc.) Yes No

Hours of Operation _____

Applicant's Name (Please Print) _____

Applicant's Street Address _____

Applicant's City, State, Zip _____

Applicant's Telephone Number _____

If approved, this License is **non-transferable.

Please check box if there are no changes to Workman's Compensation Information on File.

APPLICANT'S SIGNATURE _____

DATE _____

OFFICE USE ONLY

Personal & Property Taxes Paid

\$125.00 Fee Paid

Licensing Board Approval

Hearing Date: _____

Paid by: Cash Check Credit Card

Clerk's Initials: _____



City of Lynn, Commonwealth of Massachusetts
ENTERTAINMENT RENEWAL APPLICATION
PETITION OF LYNN LICENSING BOARD

JANUARY 1 through DECEMBER 31

Please enter your business information: (Please print all information)

Name of Business _____

Address of Business _____

Telephone Number of Business _____

e-mail address _____

Applicant's Name (Please Print) _____

Applicant's Street Address _____

Applicant's City, State, Zip _____

Applicant's Telephone Number _____

❖ License is Non-Transferable

Do you have any of the following?

- | | | |
|-------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> CD Player |
| <input type="checkbox"/> Live Bands | <input type="checkbox"/> DJ | <input type="checkbox"/> Dancing by Patrons only |

- Please check box if there are no changes to Workman's Compensation Information on File.**
- Please check box if Personal & Property Taxes Paid.**

 APPLICANT'S SIGNATURE

 DATE

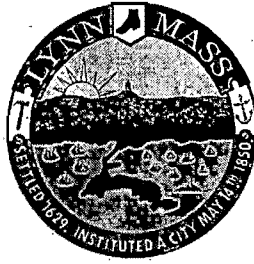
OFFICE USE ONLY

- \$125.00 Fee Paid 6 Day License – Monday-Saturday
- \$225.00 Fee Paid 7 Day License - Monday-Sunday
- Licensing Board Approval

Hearing Date: _____

Paid by: Cash Check Credit Card

Clerk's Initials: _____



CITY OF LYNN
SUNDAY ENTERTAINMENT LICENSE
JANUARY 1, 2021 THROUGH DECEMBER 31, 2021

Please return this form along with payments to the City Clerk' Office- Room 201

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

SUNDAY LICENSE TO OPERATE AMUSEMENTS \$100 CHECK OR MONEY ORDER
PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS.

***Cash is not accepted for this license.**

DATE RECEIVED: / /
RECEIVED BY:
PAYMENT METHOD:
CHECK #: