



Town of Wellfleet
300 Main Street
Wellfleet, MA 02667
BUSINESS LICENSE APPLICATION

2022

Fee:
BOH Fee
Processing Fee:
\$50.00
TOTAL :

Business Name/Map/Lot

Mailing Address

Town/State/Zip

Business Street Address _____

Business Telephone _____ Cell _____ Federal ID Number _____

Manager _____ E-Mail Address _____

LICENSE TYPE:

Annual

Seasonal

General

Charter Boat

Common Victualler

Sunday Entertainment

Weekday Entertainment

Food Truck

Class II

Class IV

Automatic Amusement

Taxi

Driver

Trash Hauler

Retail Food

Food Service

Residential Kitchen

Catering

CMT

Bed & Breakfast

If applicant is an individual or partnership, please answer below:

a. Telephone _____

b. Name _____

c. Mailing Address _____

a. Telephone _____

b. Name _____

c. Mailing Address _____

If applicant is a corporation or trust, please answer below:

List the titles of all officers and manager:

Title	Full Name	Home Address
_____	_____	_____
_____	_____	_____

Corporate or Trust Name _____

Corporate Mailing Address _____

Corporate Telephone _____

Establishment is open _____ months a year. Total seating capacity _____ Take-out service only? _____

Name of Certified Food Handler (s) _____ P.I.C. _____

Does establishment have outside seating? _____ Seating Capacity _____ Is area enclosed? _____

If seating capacity are over 25, person Chokesaver Certified: _____

I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all State taxes under law. I further certify that in the conduct of this business I will abide by all Town bylaws and regulations.

*Signature of Individual or Signature of
Corporate Officer w/Title (Mandatory)

Corporate Name (Mandatory if Applicable)

Federal Identification No.

Date of Application

*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.
** Your social security number will be furnished to the MA Dept. of Revenue to determine if you have met tax filing or payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended. This request is made under the authority of M.G.L. c. 62C s. 49A.

Does establishment have a lockbox? _____ Fire Alarm? _____ Police Alarm? _____

Company name, number _____

FOR OFFICE USE ONLY BELOW THIS LINE

Department Head or Designee Signatures

Police _____ Date _____ Comment _____

Fire _____ Date _____ Comment _____

Tax _____ Date _____ Comment _____

Building _____ Date _____ Comment _____

Health _____ Date _____ Comment _____

Received _____ By (initials) _____ Fee Received _____ Insurance _____ Date Issued _____