



Town of Wellfleet  
300 Main Street  
Wellfleet, MA 02667

2023

**BUSINESS LICENSE APPLICATION**

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

Class II

Retail Food

Charter Boat

Class IV

Food Service

Common Victualler

Automatic Amusement

Residential Kitchen

Sunday Entertainment

Taxi

Catering

Weekday Entertainment

Driver

CMT

Food Truck

Trash Hauler

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 \_\_\_\_\_