

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

License Period: \_\_\_\_\_

# Town of Provincetown LICENSE APPLICATION



New Application  Transfer  Amend

DATE RECEIVED/OFFICIAL USE ONLY

The undersigned hereby applies for a License to conduct business in the Town of Provincetown in accordance with the Statutes of the Commonwealth of Massachusetts and subject to the Rules and Regulations of the Licensing Authorities.

**Name of Applicant/Corporation:**  
(Notify Licensing Agent of any changes) \_\_\_\_\_

**Address of Applicant/Corporation:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

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

**D/B/A:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **UNIT #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Length of Lease:** \_\_\_\_\_

**Map Lot Number:** \_\_\_\_\_

**License Type:** \_\_\_\_\_ If this application is for a restaurant/bar/club, would you like to extend operating hours until 2 a.m. on New Year's Eve? Yes  No

**Entertainment:** Weekday  Sunday  Does it include nudity as described In MGL Chapter 140 Section 183? Yes  No  (If yes, provide information concerning the entertainment)

**Grease Trap Pumping Dates:** \_\_\_\_\_ **Monitoring Company?** Yes  No   
(must show proof of pumping)

**Number of Units or Rooms:** \_\_\_\_\_ **Max Number of Guests:** \_\_\_\_\_

**Seating Capacity:** \_\_\_\_\_ **Note Changes, if any:** \_\_\_\_\_

**NOTICE:** Pursuant to the acceptance of Chapter 640, Acts of 1985 of the Massachusetts General Laws, by the Town, the Town of Provincetown may deny application for, or revoke or suspend any local license or permit, including renewals and transfers, issued by any Board, officer, department, for any person, corporation, or business enterprise, who has neglected or refused to pay local taxes, fees, assessments, betterments or any other municipal charges.

Any misstatement in this application, or violation of the applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

I warrant the truth of the forgoing statement under the penalty of perjury.

**I HAVE SIGNED UP FOR EMERGENCY ALERTS AT ALERTS.PROVINCETOWN-MA.GOV**

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

\_\_\_\_\_  
FID or Social Security #

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Tax Collector

## LICENSING APPLICATION CHECK LIST

*All documentation must be turned in to the Licensing Department with the completed application form and check made payable to The Town of Provincetown. Notify the Licensing Agent of any and all changes.*

### Did you....

1. Get Zoning Board Approval (if applicable)?
2. Obtain a State Transient Vendor License?  
([www.mass.gov](http://www.mass.gov)) (seasonal retail, sole proprietor)?
3. Fill out a [W-9 Form](#)?
4. Sign a Tax Affidavit?  
[[new business](#)] or [[renewal](#)]
5. Provide a copy of Articles of Organization ([Sec. of State](#))  
or Business Certificate ([Town Clerk](#))?
6. Provide [Worker's Compensation Affidavit](#)  
& Certificate of Insurance?
7. Fill out [Business Hours](#) & [Operation Update](#) Form(s)?
8. Provide a copy of your Floor/Site/Seating Plan?
9. Provide a copy of a Fire Inspection Report from your  
electrician? (if applicable)
10. Contact the Licensing Agent to Schedule and  
Inspection? [[lfiorella@provincetown-ma.gov](mailto:lfiorella@provincetown-ma.gov)]
11. Meet with the Licensing Board for Approval?  
(if applicable)
12. Obtain a signed, notarized Request to Transfer License?  
(Transfers only)

Please contact the Licensing Agent if you have any questions  
508-487-7000 ext. 535