

**To the Town Council of Warren  
Victualling License**

**The undersigned respectfully petitions for a Victualling License**

Date \_\_\_\_\_

Please review the following information. Fill in missing information and make any necessary correction. Please print or type.

**Legal Business Name** \_\_\_\_\_

**D/B/A (if applicable)** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Would you like coorespondence via email?** Please check one Yes \_\_\_\_\_ No \_\_\_\_\_

**Business Owner Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **State & Zip code** \_\_\_\_\_

**Business Owner's Home Telephone#** \_\_\_\_\_

**Business Owner's Driver's license #** \_\_\_\_\_

**Specific description of food type and service:** \_\_\_\_\_

**Business Owner Signature:** \_\_\_\_\_

All Victualling License application forms **must be filed no later than 12 noon the Wednesday prior** to a Town Council Meeting to be heard at that month's meeting. The license fee is \$100.00 and due at the time of filing. (Checks are to be made payable to the Town of Warren.) All License holders must file:

1. \_\_\_\_\_ Town of Warren Tax paid through 11/1/20 245-7341 (from previous owner if applicable)
2. \_\_\_\_\_ Letter of Good Standing from the Secretary of State 222-3040 for corporations-Long form if using D/B/A
3. \_\_\_\_\_ Approval from Department of Health -222-2231 -(copy of Health certificate)
4. \_\_\_\_\_ Inspection up to date from Warren Fire Chief -245-7600
5. \_\_\_\_\_ Sales Permit
6. \_\_\_\_\_ Copy of Driver's License from owner(s) & manager (s)of establishment

All of these stipulations must be met before the renewal license will be issued. **Licenses expire on December 1 at midnight.**

**Received in the office of Town Clerk:** \_\_\_\_\_

**Police Chief** \_\_\_\_\_ **Fire Chief** \_\_\_\_\_ **Building Official** \_\_\_\_\_