# *Town of Marshfield*

**Select Board**
870 Moraine Street
Marshfield, Massachusetts 02050
Tel: 781-834-5563 Fax: 781-834-5527

*Michael A. Maresco*
*Town Administrator*


COMMON VICTUALLER

LICENSE APPLICATION

Name of Applicant: _____

Address: _____ Phone #: _____

Contact Email: _____

Name of Business: _____

Business Address: _____ Phone #: _____

Date(s) of Event (if applicable): _____

Hours of Operation: _____

Other Information: _____

_____

_____ _____
*Signature of Applicant* *Date*

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**Board of Health:** Approved ( ) Denied ( ) Date: _____ Signature: _____

Comments/Restrictions: _____
_____

**Building Dept.:** Approved ( ) Denied ( ) Date: _____ Signature: _____

Comments/Restrictions: _____
_____

**Property Taxes Paid:** _____

**Select Board:** Approved ( ) Denied ( ) Date: _____ Signature: _____

Comments/Restrictions: _____
_____