

# COMMON VICTUALLER APPLICATION



## TOWN OF HALIFAX

NAME OF LICENSE HOLDER \_\_\_\_\_

BUSINESS NAME (D/B/A) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PLACE OF OPERATION \_\_\_\_\_

DAYS OF OPERATION \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**RETURN TO THE SELECTMEN'S OFFICE  
499 PLYMOUTH STREET, HALIFAX, MA 02338  
OR FAX 781-294-7684**