|  |  |
| --- | --- |
|  | ***Town of Avon*** |
|  |
| *GENERAL APPLICATION / RENEWAL FORM* |
|  |
| Town Admin. Review |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This is a general application for a license that the Board of Selectmen may grant. All license applications to the Avon Board of Selectmen MUST be accompanied by the following information: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Type of License: | | |  | | | | | | | | | | | | | | | | | |
|  | | Identify: | | |  | | | New | | | |  | Renewal | | |  | | | Transfer | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Name of Applicant(s): | | | | | |  | | | | | | | | | | | | | | | |
|  | Address: | | | | | |  | | | | | | | | | | | | | | | |
|  | Social Security No.: | | | | | |  | | | | | | | | | | | | | | | |
|  | Phone No.: | | | | | | Business | |  | | | | | Home | | |  | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | |
| 3. | Business Owner(s) Name: | | | | | | | | | |  | | | | | | | | | | | |
|  | Address: | | | | | | | | | |  | | | | | | | | | | | |
|  | Social Security No.: | | | | | | | | | |  | | | | | | | | | | | |
|  | Phone No.: | | | | | Business: | | |  | | | | | Home: | | | |  | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | |
| 4. | Corporation Name: | | | | | | | | | |  | | | | | | | | | | | |
|  | Corporation Officers: | | | | | | | | | |  | | | | | | | | | | | |
|  | Corporation Tax ID No.: | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | |
| 5. | Property: | | | | |  | | | | | Owned: | | |  | | | | | | | Leased: | |
|  | Property Owner: | | | | | | | | | |  | | | | | | | | | | | |
|  | Address: | | | | | | | | | |  | | | | | | | | | | | |
|  | Name of Business: | | | | | | | | | |  | | | | | | | | | | | |
|  | Business Address: | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | |
| 6. | Do you currently hold a similar License? What type? | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | | | | | | | | | |
| 7. | Have you previously applied for a License? | | | | | | | | |  | Yes | | | |  | | | | | No | | |
|  |  | | | | | | | | |  |  | | | |  | | | | |  | | |
| 8. | Have you ever had a license revoked? | | | | | | | | |  | Yes | | | |  | | | | | No | | |
|  | If yes, why? | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 9. | If there is a building or structure being renovated or a new building or structure associated with the License, please submit the following: (Seven [7] Copies Required)   1. Floor Plan 2. Seating Location 3. Site Plan indicating parking areas and access to Town ways.   These copies will be forwarded to the appropriate departments for their review and/or approval. | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| 10. | Proposed hours of Operation: | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| **DAYS** | | | | **HOURS** | | | | |  | | **DAYS** | | | | | | | | | | | **HOURS** |
| Monday | | | |  | | | | |  | | Tuesday | | | | | | | | | | |  |
| Wednesday | | | |  | | | | |  | | Thursday | | | | | | | | | | |  |
| Friday | | | |  | | | | |  | | Saturday | | | | | | | | | | |  |
| Sunday | | | |  | | | | |  | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Has the applicant operated a similar business (if applicable): | | | | | | | | | |  | | | | | | | | | | | |
|  | Name of Business: | | | | | | | | | |  | | | | | | | | | | | |
|  | Address: | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Federal Tax No. (If applicable): | | | | | | | | | |  | | | | | | | | | | | |

I certify that the Avon Police Department may run a criminal records check for any prior offenses and that this information may be transmitted to the Local Licensing Authority at their request.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State and Local Taxes as required by law.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

I certify that I have read through the conditions included with this license and agree to comply with any further stipulations that the Licensing Authority may from time to time approve. I also hereby authorize the Licensing Authority or their agent to conduct whatever investigation or inquiry is necessary to verify the information contained in this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Routing |  | | | | | |
|  | Zoning & Building Inspector  508-588-0414 x 1022 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Board of Appeals  508-588-0414 x 1017 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Board of Assessors  508-588-0414 x 1023 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Board of Health  508-588-0414 x 1016 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Conservation Commission  508-588-0414 x 1016 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Fire Department  508-583-6677 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Planning Board  508-588-0414 x 1017 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |
|  | Department of Public Works  508-588-0414 x 1032 | | Meeting Date: | Approved: | Disapproved: | Tabled: |
|  | Additional Information Required: | |  | | | |
|  | | | | | |
| Comments: |  | | | | |