

**TOWN OF MERRIMAC
BOARD OF HEALTH**
2 School Street
Merrimac, MA 01860
Tel: 978-346-4066
boh@townofmerrimac.com

Annual Fee: \$50.00
Payable to Town of Merrimac

APPLICATION FOR COMMON VICTUALLER LICENSE RENEWAL

Name of Business

Address of Business

Business Phone No.

Owner or Manager

Home Address

E-mail address

Date

Signature

Phone No.

SSN _____ **or FID** _____