

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