

LICENSING BOARD – Town of Blackstone

15 St. Paul Street, Blackstone, MA 01504

APPLICATION FOR COMMON VICTUALLER LICENSE

DATE _____
Individual Name _____
Corporate Name _____
Trade Name (d/b/a), if different _____
Address of Premises _____
Description of Premises (Specify floors to be licensed)

Opening hour _____ Closing hour _____ Size of kitchen _____
Number of Stoves _____ Number of gas burners _____ Number of electric burners _____
Number of refrigerators and size of each _____
Total Seating Capacity _____

CONTACT INFORMATION

APPLICANT: MANAGER:

Name: _____
Signature _____
Home Address _____
Zip Code _____ Tel. No. _____

**APPLICANT MUST NOT FILL THE BLANKS BELOW
BUILDING DEPARTMENT CLEARANCE**

Date Issued _____ Date Expires _____

BOARD'S ACTION

GRANTED _____

REJECTED _____

RESTRICTIONS – REMARKS

Rec'd By Fee Receipt No.

LICENSING BOARD – Town of Blackstone
15 St. Paul Street, Blackstone, MA 01504

LICENSEE/MANAGER PERSONAL INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR EACH:

NEW LICENSE APPLICANT

APPOINTMENT OR CHANGE OF MANAGER

TRANSFER OF LICENSE

Please type or print all information

All questions must be answered and telephone numbers provided or application will not be accepted.

1. LICENSEE NAME: _____

2. NAME OF (PROPOSED) MANAGER: _____

3. SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER: _____

4. HOME ADDRESS: _____

5. AREA CODE AND TELEPHONE NUMBER(S): (Please give both contact numbers)

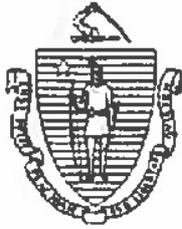
DAYTIME # _____ HOME # _____

8. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

9. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____

Proposed Manager/Licensee Signature



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

CERTIFICATE OF TAX COMPLIANCE

Pursuant to G.L. c.62C, '49A, I certify under the pains and penalties of perjury that

(Name) _____ has complied with all the Laws of the Commonwealth relating to taxes, and that there are currently no outstanding municipal tax liens against any real or personal property held in my name, or against any real or personal property in which I have an equitable interest.

Signed under the pains and penalties of perjury this ____ day of _____, 20__.

Signature

Title

Name of Company

SS # or Federal ID #

AUTHORIZATION FOR CORI DRIVER'S LICENSE CHECK
TOWN OF BLACKSTONE

I hereby authorize the Town of Blackstone to perform a CORI Driver's License check in preparation for service to the Town.

I understand that this information must by law remain confidential and will be shared only with the Police Chief and Town Administrator.

I further understand this information cannot be disclosed.

Signature

Printed Name

Last 6 digits of your Social Security No.

Driver's License No.

Address

City/State/Zip Code

Date of Birth

Copy of License Attached:

Department: _____

Department Head: _____

Hiring Agent: _____

Date of Hire: _____

CORI Officer: _____

