

**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

**TOWN OF BLACKSTONE  
MUNICIPAL CENTER  
15 ST. PAUL STREET  
BLACKSTONE, MA 01504**

Phone: (508) 883-1500 ext 102 | Fax: (508) 883-7043

**HOME OCCUPATION PERMIT APPLICATION**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Type of Business:  
\_\_\_\_\_

No. Of Employees:  
\_\_\_\_\_

Zoning District:  
\_\_\_\_\_

Assessors Map#: \_\_\_\_\_

Lot#: \_\_\_\_\_

Fee \$20.00 Check # \_\_\_\_\_

1. What type of equipment and/or materials will be used in conjunction with your home occupation business?

\_\_\_\_\_

2. Do you have any vehicles that will be used exclusively for this business? Yes \_\_\_ No \_\_\_  
If yes, specify the make, model, and year of each vehicle.

\_\_\_\_\_

3. Will business related items be stored at your residence? Yes \_\_\_ No \_\_\_  
If yes, please state the type of items and where they will be stored.

(Please note all materials and products of the occupation to be stored only within the dwelling or garage.)

\_\_\_\_\_

**Applicant Certification:**

I certify that the information provided above is correct and that any false statements may result in the denial of my Home Occupation Permit. I further declare that I have read the standard conditions of approval for my Home Occupation Permit. Moreover, I agree to abide by all such conditions of approval and Zoning Bylaws requirements. I further understand that any violation of the conditions of approval and/or to the Zoning Bylaws shall constitute grounds for the revocation of this Home Occupation Permit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Property Owner Certification if Applicant is Renting Dwelling:**

I am the legal property owner of the residence being utilized for this home occupation. I hereby grant the applicant permission to use my property for the home occupation described in this application.

Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

- 1. The legal property owner is recognized as the person/entity identified on the latest Blackstone Tax List. If your name does not appear on this list, provide a certified copy of the deed to the property in your name.
- 2. Refusal to grant the Town of Blackstone permission to inspect your premises to determine if a home occupation violation exists may result in revoking the Home Occupation Permit.

**EXAMPLES OF HOME OCCUPATIONS ALLOWED:**

Examples of typical businesses which would be allowed by Home Occupation Permits might include typing or drafting services, consulting businesses, landscape maintenance, janitorial services and contractor businesses where the business is conducted elsewhere and all equipment is either stored off-site and/or in a vehicle which is to be stored in the garage at the residence. Businesses such as jewelry making are allowed if the jewelry is sold off-site (i.e. flea market, retail store, etc.). Home Occupations also include those businesses in which only a telephone and mail services are used. Additionally, all business licenses must be issued to physical addresses only; a P.O. Box may be used, however, it may not be used as a substitution for a physical business address in order to bypass the Home Occupation Permit process.

**PRELIMINARY  
APPLICATION FOR HOME OCCUPATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE # : \_\_\_\_\_ DATE: \_\_\_\_\_

Does your home occupation conform to the follow:

1. No more than twenty-five percent (25%) of the floor area of the residence shall be used for the purpose of the home occupation.

Size of house or building being used: \_\_\_\_\_  
Size of room or area to be used as the home occupation: \_\_\_\_\_

2. No more than one (1) person, not a member of the household shall be employed on the premises in the home occupation.

3. There shall be no exterior display, no exterior storage of material and no other exterior indication of the home occupation or other variation from the residential character of the principal building other than a sign not to exceed two (2) square feet in area.

If sign is to be used please indicate size and location: \_\_\_\_\_

4. No offensive noise, vibration, smoke, dust, odors, heat or glare shall be produced (see section 123-16)

Type of equipment if any: \_\_\_\_\_

5. Traffic generated shall not exceed volumes normally expected in a residential neighborhood.

Type of deliveries and hours of: \_\_\_\_\_

6. Parking generated shall be accommodated off-street, other than in a required front yard.

7. An occupancy permit shall be applied for and issued by the Board of Selectmen for such use.

Comments: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Municipal Inspector's Comments:

\_\_\_\_\_  
Municipal Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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: BLACKSTONE 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."

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## 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.

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## 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.

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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 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

**CERTIFICATION OF COMPLIANCE WITH TAX LAWS**

Pursuant to G.L. c.62C, §49A, I, \_\_\_\_\_, hereby  
certify under the pains and penalties of perjury that \_\_\_\_\_,  
the Applicant for the subject license, has complied with all laws of the Commonwealth of  
Massachusetts relating to taxes, reporting of employees and contractors, and withholding  
and remitting child support.

Signed under the pains and penalties of perjury this \_\_\_\_ day of  
\_\_\_\_\_, 2013.

\_\_\_\_\_  
Signature of Authorized Representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number/Federal ID Number of Applicant