Phone: _____

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF NORTHBRIDGE

APPLICATION FOR SUNDAY ENTERTAINMENT LICENSE

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto
(FULL NAME OF PERSON, FIRM OR CORPORATION MAKING APPLICATION):

_____

_____

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED: **[Sunday Entertainment]**

TO: _____

_____

GIVE LOCATION BY STREET AND NUMBER:

AT: _____

_____

_____

in said **Town of Northbridge** in accordance with the rules and regulations made under authority of said Statutes.

_____
(Signature of Applicant)

Print Name: _____

Address: _____

City: _____

State, Zip: _____

Received: _____
(Date) (Time)

_____
Date License Granted

Daily _____	Prior to 1:00 PM ____ ($5)	After 1:00 PM ____ ($2)
Annual _____	Prior to 1:00 PM ____ ($100)	After 1:00 PM ____ ($50)

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I hereby declare 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 taxes required under law.

_____
*Signature of individual or Corporate Names (Mandatory)

_____
By: Corporate Officer (Mandatory, if applicable)

_____
** Social Security Number or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

**Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

Please sign form and return to:

Town of Northbridge
Town Manager's Office
7 Main Street
Whitinsville, MA 01588

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

FORM MUST BE FILLED OUT COMPLETELY

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 a 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: Northbridge **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 #:** 508-234-2095

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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 5-26-05

TOWN OF NORTHBRIDGE

NEW APPLICATION CHECKLIST

- ☐ **COMPLETED LICENSE APPLICATION**

- ☐ **ARTICLES OF ORGANIZATION** (if a corporation) as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).

- ☐ **BUSINESS CERTIFICATE** per MGL Chapter 110, §§5 and 6; Any person conducting business in the Commonwealth under any title other than the real name of the person conducting the business, whether individually or as a partnership, or under the true corporate name. See or call the Town Clerk 508-234-2001.

- ☐ A **PLAN** showing the location of counters, tables, ranges, toilets and in general the proposed set-up of the premises, along with an itemized estimate of the cost of said proposed set-up and of such fixtures, and of the implements and facilities necessary for cooking, preparing and serving food per MGL Chapter 140, §6. *This is required for Liquor Licenses and Common Victualler Licenses. Class II and Class III require a rough sketch of the licensed area.*

- ☐ **REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION:** Per MGL Chapter 62C, §49A.

- ☐ **WORKERS' COMPENSATION CERTIFICATE OF INSURANCE** – Per MGL Chapter 152, §25A showing coverage in Massachusetts. Call your insurance company and have them fax a Workers' Compensation Certificate of Insurance to 508-234-7640.

- ☐ **STATE WORKERS' COMPENSATION INSURANCE AFFIDAVIT** – Even if your establishment does not require Workers' Compensation this must be filled out and signed.

- ☐ **FIRE INSPECTION REPORT** – Per Fire Code Compliance Policy for Businesses and All License Holders approved by the Board of Selectmen. Call the Fire Department at 508-234-8448.

- ☐ **EMERGENCY CONTACT INFORMATION** to include: Contact name, phone number, hours of operation and whether or not the premises is alarmed.

- ☐ **CASH/ or CHECK** made payable to the Town of Northbridge in the amount of $20.00

- ☐ **RETURN CHECKLIST, FEE, AND ALL PAPERWORK TO THE SELECTMEN'S OFFICE IN PERSON** as a **CORI** check may need to be performed. *Please bring your government-issued photo identification.*

Please Note: All applications must be reviewed by other Boards/Committees/Departments, which takes some time. As soon as we receive approval from all other Boards involved, we will schedule you to appear before the Board of Selectmen.