

Common Victualler Checklist

- _____ Contact Sheet
- _____ Common Victualler Application
- _____ Worker's Compensation Insurance sheet
(if you have WC insurance please submit form from insurance company)
- _____ Affidavit that state taxes are paid
- _____ Newspaper advertisement authorization sheet
- _____ Business Certificate if not a corporation
- _____ Floor plan of the premise that you will be occupying
- _____ Copy of Lease (if not owner)
- _____ Check for the amount of \$50.00 made payable to the Town of Stoughton

Selectmen's Office Use Only

Comments and/or Approval from:

- _____ Building / Zoning Department
- _____ Treasurer / Collector
- _____ Board of Health
- _____ Fire Department
- _____ Police Department
- _____ Department of Public Works



Town of Stoughton

10 Pearl Street · Stoughton MA 02072 · (781) 341-1300 · Fax (781) 344-5048

Business Contact Information

Business Name: _____

Business Location: _____

Business Telephone #: _____

Business Mailing Address: _____

Contact Person: _____

Emergency Telephone #: _____

Email: _____

Second Emergency Contact Person: _____

Seconded Emergency Telephone #: _____

FID # or SS: _____

Licenses Held Through the Board of Selectmen

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOWN OF STOUGHTON

Board of Selectmen – Local Licensing Authority

Application for a License as a Common Victualler

with the privilege of doing business on Sunday

Business Name _____

Business Mailing Address: _____ Telephone # _____

Location of Premises: _____

Description of Premises (specify floors to be licensed): _____

Is the premise to be licensed compliant with all requirements of the American's with Disabilities Act and Massachusetts Architectural Access Barrier Board? _____

Is this a franchise? _____

Is your kitchen fully equipped to conduct business? _____

Kitchen size _____ # of stoves _____ gas _____ or electric _____

Type of refrigerators _____

Counter Seating _____ Table Seating _____ Total Seating Capacity _____
(number of seats) (number of seats)

Number of restrooms for Men _____ Women _____

At what hour do you wish to open _____ Close _____

Trash Storage: _____ on site dumpster with adequate pick up (_____ yards)

_____ shared dumpster _____ daily removal

≈Please continue to 2nd page≈

TOWN OF STOUGHTON

Board of Selectmen – Local Licensing Authority

Applicant's Name _____ DOB _____

Home Address _____

Telephone # _____ Email _____

Manager's Name (if different) _____ DOB _____

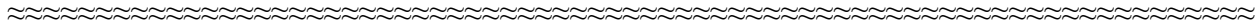
Manager's Home Address & Tel. Number _____

Applicant/Manager Signature: _____ **Date:** _____

If applicant is not the property owner:

Owner's Name _____

Home Address & Tel. Number _____



For Office Use Only

Comments Received from:

_____ Police Department _____ Department of Public Works _____ Engineering Department

_____ Fire Department _____ Board of Health _____ Collector's Office

_____ Building / Zoning _____

Fee \$ _____ Paid _____ cash _____ Ck# _____ License Number _____

Hearing Date: _____ Approved _____ Denied _____

Chairman

Vice Chair

Signatures of the Local Licensing Authority



Town of Stoughton

BOARD OF SELECTMEN – LOCAL LICENSING AUTHORITY

10 Pearl Street · Stoughton MA 02072 · (781) 341-1300 · Fax (781) 344-5048

Local Licensing Authority / Board of Selectmen
Town Hall, 10 Pearl Street
Stoughton, MA 02072

To the Honorable Board of Selectmen:

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I / we hereby certify, under the penalties of perjury, that I / we to the best of my / our knowledge and belief, have filed all state tax returned and paid all state and local taxes required under law.

Business or Corporate Name

Social Security or Federal Identification #

Address

Town

State

Zip

Telephone Number

Signature of Individual or Corporate Officer

Date

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 Massachusetts General Law Chapter 62C Section 49A.



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

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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