

NEW/AMENDED LICENSE CHECKLIST APPROVAL FORM

Applicant: _____

(Business owner)

Applicant Address: _____

Business Name: _____ **DBA:** _____

Business Location: _____

If different from Applicant Address

Do you own or rent property: _____ **Hours of Operation:** _____

Manager Information:

Name: _____

Address: _____

Bus. Phone: _____ **Cell:** _____ **Email** _____

Will there be any employees? _____ **If so, how many** _____

Will building modifications or new construction occur? _____

Will public access building? _____ **Will there be a sign?** _____ **Will there be outside storage?** _____

Applicant Signature: _____ **Date:** _____

TOWN WILL OBTAIN DEPARTMENT SIGNATURES

CONCERNS

Fire Chief- Premises have passed all fire safety inspections:

☐ Yes ☐ No

Signature and Comments: _____

Building Inspection- Premises have passed all building safety inspections:

☐ Yes ☐ No

Signature and Comments: _____

Zoning Department- Premises meet zoning regulations (For new Licenses):

☐ Yes ☐ No

Signature and Comments: _____

Treasurer/Collector- Real estate, Personal Property, Water/Sewer/Trash are current:

☐ Yes ☐ No

Signature and Comments: _____

Board of Health- Proper Permits obtained and food safety inspections passed:

☐ Yes ☐ No

Signature and Comments: _____

Police Department- Application reviewed:

☐ Yes ☐ No

Signature and Comments: _____

Town Clerk - Business Certificate, if applicable

☐ Yes ☐ No

Signature and Comments: _____

Assessor Office - Notify assessor of new business

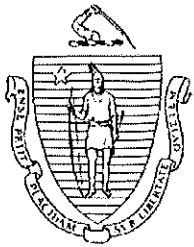
☐ Yes ☐ No

Signature and Comments: _____

Town Manager- Application reviewed and manager check completed:

☐ Yes ☐ No

Signature and Comments: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 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 § 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 (check 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ Town of Uxbridge _____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____ Town of Uxbridge _____
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____ Town of Uxbridge _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ Town of Uxbridge _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____ Town of Uxbridge _____, must first provide me
(Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



CERTIFICATE OF COMPLIANCE WITH STATE LAWS

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the undersigned acting on behalf on the License Holder, certifies under the penalty of perjury that, to the best of the undersign's knowledge and belief, the License Holder is in compliance with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support*.

** Signature of Individual or Corporate License Holder (Mandatory)

*** License Holder's Social Security Number/or Federal Identification Number

By: _____
Corporate Officer
(Mandatory, if applicable)

Date: _____

*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

**Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

*** 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. Providers who fail to correct their non-filing or delinquency will not have a license or other agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.

TOWN OF UXBRIDGE
BUSINESS EMERGENCY CONTACT FORM

NAME OF BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

MANAGER/OWNER: _____

(PLEASE NOTE: THIS SHOULD BE A 24-HR CONTACT PERSON IN CASE OF EMERGENCIES.)

HOME ADDRESS: _____

CELL #: _____

EMAIL: _____

HOURS OF OPERATION: *Please submit your hours of operation in the box below and whether the premises has an alarm or sprinkler system. Class I-III Auto Sales Licensing will use ZBA Decision for hours.*

<div style="display: flex; justify-content: space-between;"><div>The premises is _____ ALARMED _____ NOT ALARMED</div><div>The premises has _____ SPRINKLER SYSTEM _____ DOES NOT HAVE SPRINKLER SYSTEM</div></div>			
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THIS FORM MUST BE COMPLETED BEFORE A LICENSE IS ISSUED



TOWN OF UXBRIDGE LIQUOR LICENSE APPLICATION CHECKLIST

Name of Applicant:

Date of Submission:

Town and ABCC Application along with a copy of all online completed forms and payment receipt.

State Workers' Compensation Insurance Affidavit – Even if your establishment does not require Workers' Compensation this form must be filled out and **SIGNED**. *(attached)*

Liquor Liability Insurance: All on-premises, per M.G.L. Ch. 138 §12 – Licensee must provide proof of liquor liability insurance.

Fire Inspection Certificate – All on-premises (restaurants/clubs) must submit an annual Fire Safety Inspection Certificate.

Workers Compensation Certificate of Insurance: per M.G.L. Ch. 152, §25A – If applicable, you must provide proof of Worker's Compensation Insurance. *Please make sure the Town of Uxbridge is listed as the "Certificate Holder".*

A Completed CORI Form *(attached)* along with a driver's license or passport, brought in person to verify.

Business Certificate: per M.G.L. Ch. 110, §5 & 6 – Visit the Town Clerk to determine if one is required. If applicable, include a copy with your application. **Exempt:** *any incorporated businesses; for exemption: both the business name and dba would need to be incorporated.*

Certification of TIPS or Serve Safe for Manager and Employees who serve alcoholic beverages. *Please supply names and expiration date(s) of training or copies.*

Emergency Contact Information: Complete and return form *(attached)*.

PLAN (blueprints or hand drawn floor plan) – Showing the site, general building layout(s), and location of alcohol service and storage. *If the building is leased, provide a copy of the lease agreement.*

Annual Report: CLUB's ONLY, per M.G.L. Ch. 138 (1) – Within three months after January, a list of the names and residences of officers, together with the amount of salary or compensation received by each employee engaged in the handling or selling of alcoholic beverages.

License Fee payable to Town of Uxbridge *(attached)*. In addition, new licenses and certain amendments are responsible for the cost of the newspaper advertisement and abutters' certified mailing of the public hearing notice. An invoice will be submitted to the applicant for payment prior to the hearing.

Return checklist and all paperwork to the Selectmen's Office. **Please Note:** it may take up to 4 weeks for a Public Hearing to occur as all applications must be reviewed by other Town Departments. All renewal applications must be signed during the month of November by the authorized corporate officer, individual or partner; any renewal not signed during the month of November will be treated as a new license subject to all the procedures set forth under Chapter 138 (15A).

LICENSE /PERMIT FEE SCHEDULE
Uxbridge Board of Selectmen

<u>TYPE OF LICENSE</u>	<u>ANNUAL FEE</u>
• Class I (New vehicles)	\$100.00
• Class II (Used vehicles)	\$100.00
• Class III (Junk vehicles)	\$100.00
• Entertainment License	\$ 25.00
• Automatic Amusement Device	\$100.00/per machine
• Chapter 100 Auctioneer License	\$ 15.00
• Taxi Permit	\$ 10.00
• Auctioneer	\$ 15.00
• Innholders License	\$ 20.00
• Common Victualler License	\$ 20.00
• Alcohol – Retail PackagesAll alcohol/off premises	\$900.00
• Alcohol – Retail Package Wine & Malt/off premises	\$700.00
• Alcohol – Club All Alcohol/on premises	\$675.00
• Alcohol – Commercial Club – All alcohol/on premises	\$675.00
• Alcohol – General – Wine and Malt/on premises	\$700.00
• Alcohol – General – All Alcohol/on premises	\$1,000.00
• Loam Permit	\$100.00
• Gravel Permit	\$100.00