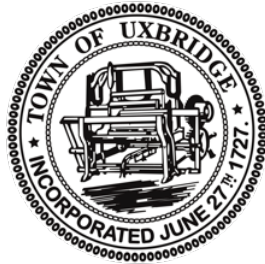


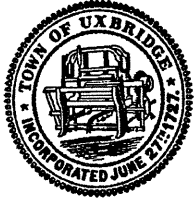
Date of Submission:



## AUTOMATIC AMUSEMENT DEVICE LICENSE CHECKLIST

**BUSINESS NAME:** \_\_\_\_\_

- ☐ Complete Automatic Amusement Device License Application and Emergency Contact Form (*attached*).
- ☐ **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 COMPLIANCE WITH STATE LAWS FORM:** Per MGL Chapter 62C, §49A.
- ☐ **WORKERS' COMPENSATION CERTIFICATE OF INSURANCE:** Per M.G.L C 152, §25A. If applicable, you must provide proof of Worker's Compensation Insurance with Town of Uxbridge listed as "Certificate Holder".
- ☐ **STATE WORKERS' COMPENSATION INSURANCE AFFIDAVIT:** Even if your establishment does not require Workers' Compensation, this form must be filled out and **SIGNED.** (*attached*)
- ☐ **CORI FORM:** A Completed CORI Form (*attached*) along with a driver's license or passport. Applicants must appear in person with a government issued ID.
- ☐ **PLAN** (blueprints or hand drawn floor plan) – Showing the site, general building layout, and proposed location of the devices. *If the building is leased, provide a copy of the lease agreement.*
- ☐ **CHECK:** Payable to The Town of Uxbridge. *Refer to attached License/Permit Fee Schedule for cost.*
- ☐ Return checklist and all paperwork to the Selectmen's Office for placement on a Board of Selectmen Meeting Agenda. **Please Note:** Application review may take up to 4 weeks as all applications must be reviewed by other Town Departments.



TOWN OF UXBRIDGE  
BOARD OF SELECTMEN  
Town Hall Room 102  
21 South Main Street  
Uxbridge, MA 01569-1851  
508-278-8600

**APPLICATION FOR AUTOMATIC AMUSEMENT LICENSE**

To be filled out by Manager

Business Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Description of Premises: \_\_\_\_\_

\_\_\_\_\_

Number of Automatic Amusement Devices: \_\_\_\_\_

Description of Devices: \_\_\_\_\_

Organization: Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

**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***



## **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

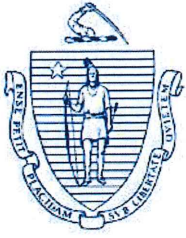
By: \_\_\_\_\_  
Corporate Officer  
(Mandatory, if applicable)

Date: \_\_\_\_\_

\*The provision in the Attestation 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.



*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."

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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.

---

## 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

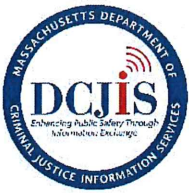
**Office of Investigations**

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](http://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)

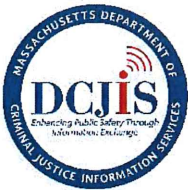
with written notice of this check.

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*



**LICENSE /PERMIT FEE SCHEDULE**  
**Uxbridge Board of Selectmen**

<b><u>TYPE OF LICENSE</u></b>	<b><u>ANNUAL FEE</u></b>
• 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