

Received by  
Uxbridge  
Town Clerk

**POLICY OF THE BOARD OF SELECTMEN  
TOWN OF UXBRIDGE, MASSACHUSETTS**

**INNHOLDER'S LICENSE POLICY AND PROCEDURES**

{Mass General Law Chapter 140, S. 3}

**PURPOSE AND AUTHORITY**

The Uxbridge Board of Selectmen (hereinafter "Board") by the provisions of MGL, C. 140, as the local licensing authority, hereby adopts the following policy and procedures for Innholder's License for the Town of Uxbridge.

**APPLICATION POLICY/PROCEDURES**

The applicant must submit and obtain the following:

1. A completed Innholder's License Application form.
2. Application fee made payable to the Town of Uxbridge in the amount of \$20.00.
3. A Criminal Background check will be conducted on the applicant and all employees. Please provide a completed CORI form.
4. A Business Certificate from the Town Clerk's office.
5. Zoning compliance verification from the Zoning Enforcement Officer.
6. Map/blueprint of the premises.
7. Worker's compensation Insurance Affidavit and Insurance Certificate.

Licensee shall conform with the provisions of the Town of Uxbridge Zoning Bylaws, General Bylaws and the laws of the Commonwealth of Massachusetts.

**LICENSE INFORMATION**

Licenses are issued annually and expire on December 31<sup>st</sup>. The license must be posted in a conspicuous place upon the premises.

The licensee is responsible, whether present or not, for ensuring that no disorder, disturbance, or illegality takes place in or on the licensed premises.

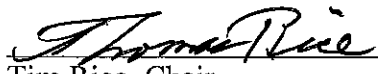
The Police, as agents of the Board, will conduct inspections and compliance checks at licensed premises to assure compliance with applicable law and regulation. In addition to compliance checks by the Police, the Fire Department and Building Inspector will perform safety inspections on all applicants.

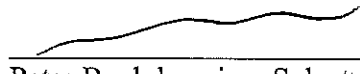
The Licensing Authority will notify Police, Fire department and Building Inspector of any suspension to ensure establishment is in compliance.

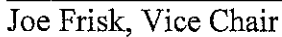
If any violations occur at the establishment, the Board may revoke the license.

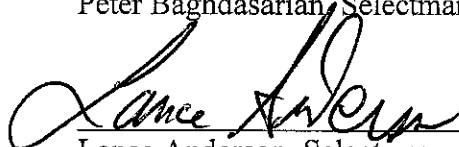
All notices of violations and complaints received by the Board of Selectmen concerning the licensed property shall be placed in the file of the licensee.

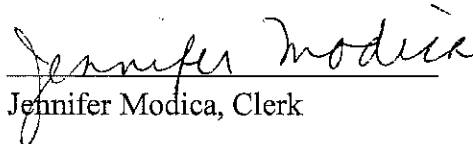
The Board of Selectmen enacted this policy, by vote, at its regularly scheduled meeting on 11/12/13, which was duly posted and noticed.

  
Tim Rice, Chair

  
Peter Baghdasarian, Selectman

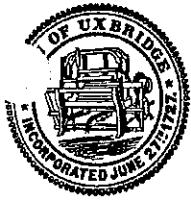
  
Joe Frisk, Vice Chair

  
Lance Anderson, Selectman

  
Jennifer Modica, Clerk

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Attachments: Innholder's License Application form  
Worker's Comp Affidavit  
Tax Attestation  
CORI Form



TOWN OF UXBRIDGE  
OFFICE OF THE BOARD OF SELECTMEN  
21 South Main Street  
Uxbridge, MA 01569-1851  
508-278-8600 Fax 508-278-8605

**APPLICATION FOR INNHOLDER'S LICENSE**  
**Please complete all information. Application Fee \$20.00**  
[Mass General Laws Chapter 140, S 3]

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Number of Rooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto.

Pursuant to MGL Chapter 62C, s. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors.

Pursuant to MGL Chapter 152, s. 25A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

cc: Board of Selectmen  
Board of Health  
Fire Dept.  
Police Dept.  
Zoning Enforcement Officer  
Treasurer/Collector

Attachments: CORI Form  
Worker's Comp Form

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