



TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center
8 Central Street
Tel: 508-883-8433
Fax: 508-883-2994

NEW LIQUOR LICENSE Procedures and Documents Required (Package Store – Off Premise or Restaurant – On Premise)

Attached is a hard copy of a New Liquor License Packet. You may also go to the ABCC website to complete the application online. The address is www.mass.gov/abcc/. Once you get to the site, click Licensing Division, then Retail Licenses. Then choose the option that applies to you, either On Premise or Off Premise License Forms. Next click New License Applicants, Download Forms and Applications, Retail Forms and finally scroll down and choose Application for New License. Complete the application online, print it, then sign it and submit it back to the Executive Secretary along with the rest of the paperwork required.

All paperwork must be passed in with the exception of the Form 43, which the Town will complete. You must also complete the Workers' Compensation Form and submit a Liquor Liability Certification (obtain this from your insurance company). Once all paperwork is returned to the Town Hall, we will process the CORI Background Check Form. (The background check form must be accompanied by a copy of a government-issued form of ID). If the Manager and President are two different people, a background check form must be filled out for each person.

Along with the paperwork you should include two checks: One made out to "Town of Millville" for \$100.00; this is for the processing fee and the newspaper advertisement. You must also make a payment to the ABCC for \$200.00. You may pay this fee online directly to the ABCC by using their E PAY feature or submit a check made payable to the Commonwealth of Massachusetts. Make sure you put the E PAY confirmation number on your application if you choose this method of payment.

When the Executive Secretary receives the background check from the Criminal History Systems Board, she we will set up a hearing date. You will be called and advised of the date of the hearing and when the notice will run in the newspaper.

After the Public Hearing and approval by the Board of Selectmen, the Executive Secretary will send the documents to the ABCC. It usually takes 4-6 weeks to get approval back from them.

Before the Town can release your License, we need to get a sign-off from the Police Department, Building Inspector, Fire Department, Board of Health and Treasurer. Once authorizations are received from these departments, your License will be released.

Please Note: A Public Hearing with the Board of Selectmen is required for all New Liquor License transactions and will be scheduled by our office upon receipt of the completed application packet and required fees. Prior to the Public Hearing other departments will review and comment on the application. You will be informed of any issues prior to the Public Hearing. All applications must be reviewed by the other Town Departments before the application will be placed on the Board of Selectmen's agenda. You will be notified of the date of the Public Hearing once it is scheduled and the

abutters are notified. The Hearing will be advertised in the local newspaper. The Form 43 (completed by the Selectmen's Office) will note the date of the advertisement and the name of the publication.

If you plan to offer entertainment or amusements at your establishment, you must apply separately for those Licenses. See the Executive Secretary for additional information.

NEW LIQUOR LICENSE

CHECKLIST

Please note that the following is based on application requirements of the Massachusetts Alcoholic Beverages Control Commission (ABCC) and the Town of Millville.

_____ **Form 43** – Completed by the Town and signed at the Public Hearing if application is approved by the Selectmen. An original and copy is sent with the application, one copy is kept on file.

_____ **Retail Monetary Transmittal Form.**

_____ **Retail License Application.** Please note the ABCC has "bundled" the required forms listed below for your application. Please do not leave any section blank; all questions must be answered completely and accurately.

_____ **Personal Information and Manager Application Form.** If an individual owner, the Manager must complete these forms. If a corporation, the Manager must complete these forms. If a partnership each partner must complete the Personal Information Form. Important note: Each individual listed in section 10 (Interests in the License) of the Retail License application must complete the Personal Information Form. This includes all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers), any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

_____ **CORI Form.** Must be completed for the Manager. A copy of Driver's License is required or form of Government issued photographic identification.

_____ **Certified Abutters List.** Issuance of a *new* Liquor License requires abutter notification. The applicant must contact the **Assessors Office at 508-883-5031** to obtain the Abutters List and mailing labels. (Abutters are those properties which touch the proposed premises, as well as churches, hospitals and public/private elementary schools located within 500 feet.

_____ **\$200 ABCC Fee.** You will need to provide payment submitted to our office for the \$200 ABCC fee (check or money order payable to the Commonwealth of Massachusetts or Alcoholic Beverage Control Commission.) You may also pay online. If so, please submit the Monetary Transmittal Form.

_____ **\$100 Town of Millville Fee.** Submit a separate payment, check or cash, (check payable to the Town of Millville) for the processing/advertising fee of \$100.00.

_____ **Articles of Organization.** (if a corporation) as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).

_____ **Floor Plan.** Copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed premises. Plan should indicate the total number of parking spaces for customers and employees. Plan should show all entrances and exits.

_____ **Proof of Citizenship.** All MANAGERS must be United States Citizens, and must be at least 21 years of age. Proof of Citizenship or Naturalization must be provided (U.S. Passport, Birth Certificate or Naturalization Papers).

_____ **Lease or Purchase and Sale Agreement.** If the applicant is leasing the premises, the applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises. If applicant is purchasing the premises, a copy of the signed Purchase and Sale Agreement.

_____ **Documents verifying sources of financing.** Submit any and all records, documents, affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash should include a minimum of three (3) months of bank statements.

_____ **Partnership Agreement** (if applicant is a partnership.)

_____ **Vote of the Entity.** Authorizing all requested transactions. The vote should include the appointment of a Manager and include approval to conduct and operate a business at the chosen location.

_____ **Business Certificate Application.** Per M.G.L. c.110, §5&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 the Town Clerk with questions. This Form must include the hours of operation.

_____ **Certificate of Insurance.** Before issuance of a license, a copy of the Certificate of Liability Insurance – showing period of coverage and policy number – must be submitted. Certificate should include Worker's Compensation Insurance. NOTE: The Certificate of Insurance must also show the mandatory minimum amount of liquor liability coverage as mandated by the State {NOT REQUIRED FOR PACKAGE STORES}. Per M.G.L. c.152 section 25A. Contact your insurance company and have them fax an updated copy to 508-883-2994.

_____ **State Workers' Compensation Affidavit** must also be complete and submitted. Even if your establishment does not require Workers Compensation, this form must be filled out.

_____ **Revenue Enforcement and Protection (REAP) Attestation.** Per M.G.L. c.62 section 49A.

_____ **Emergency Contact Information.** Sign and return Emergency Contact Information verifying the information we have on file is correct.

_____ **TIP Certifications.** Training Intervention Program (TIP). Please provide a list of certified employees and their training expiration.

_____ **Town Officials Inspection Report.** Contact the Town officials to schedule site visits and required sign-offs.

_____ **Tax Payment Status.** Good Standing Certification signed by Town Collector's Office.

Date: _____

Signature of Applicant

Return this signed checklist and all paperwork to the Executive Secretary's Office.

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE
LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):

LICENSEE NAME:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL
FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND
SUPPORTING DOCUMENTS TO:

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396**

Application for Retail Alcoholic Beverage License

City/Town

1. Licensee Information:

Legal Name/Entity of Applicant:(e.g Corporation, LLC, Individual)

Business Name (if different):

Manager of Record:

ABCC License Number (for existing licenses only):

Address of Licensed Premises:

CITY/TOWN:

STATE

ZIP

Business Phone:

Cell Phone:

Email:

Website:

2. Transaction:

- ☐ New License ☐ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock
☐ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☐ 6-Day to 7-Day License ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS: The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. Type of License:

- ☐ \$12 Restaurant ☐ \$12 Hotel ☐ \$12 Club ☐ \$12 Veterans Club
☐ \$12 General On-Premise ☐ \$12 Tavern (No Sundays) ☐ \$15 Package Store

4. License Category:

- ☐ All Alcoholic Beverages ☐ Wine & Malt Beverages Only ☐ Wine or Malt Only
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. License Class:

- ☐ Annual ☐ Seasonal

6. Contact Person concerning this application (attorney if applicable)

NAME:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

CONTACT PHONE NUMBER:

FAX NUMBER:

EMAIL:

7. Description of Premises:

Please provide a complete description of the premises to be licensed. The description should include the location of all entrances and exits.

IMPORTANT ATTACHMENTS: The applicant must attach a floor plan with dimensions and square footage for each floor & room.

Occupancy Number:

Seating Capacity:

8. Occupancy of Premises:

By what right does the applicant have possession and/or legal occupancy of the premises?

Please select

IMPORTANT ATTACHMENTS: The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n):

Please Select

Other

Name

Phone:

Address:

City/Town:

State

Zip

Initial Lease Term: Beginning Date

Ending Date

Renewal Term:

Options/Extensions at

Years Each

Rent:

per year

Rent:

per month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?

Yes ☐ No ☐

IMPORTANT ATTACHMENTS: If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest in the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.

9. Licensee Structure:

The Applicant is a(n):

Please select

Other :

If the applicant is a Corporation or LLC, complete the following:

State of Incorporation/Organization:

Date of Incorporation/Organization:

Is the Corporation publicly traded? Yes ☐ No ☐**10. Interests in this License:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS: All individuals or entities listed below are required to complete a Personal Information Form.

Name	Title	Stock or % Owned	Other Beneficial Interest

*If additional space is needed, please use last page.

11. Existing Interests in Other Licenses:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☐ If yes, list said interest below:

Name	License Type	Licensee Name & Address
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

12. Previously Held Interests in Other Licenses:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☐ If yes, list said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

13. Disclosure of License Disciplinary Action:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☐ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. Criminal Record:

Has any individual listed in §10 or who has a direct or indirect beneficial interest in this license ever been convicted of a municipal, state, federal or military crime? Yes ☐ No ☐

If yes, the individual must provide an affidavit as to any and all charges as well as the disposition.

15. Citizenship and Residency Requirements for a (§15) Package Store License ONLY:

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☐ No ☐
4. Are all members and partners involved at least twenty-one years old? Yes ☐ No ☐

16. Citizenship and Residency Requirements for (§12) Restaurant, Hotel, Club, General On Premise, Tavern, Veterans Club License ONLY:

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☐ No ☐

17. Costs Associated with License Transaction:

A. Purchase Price for Real Property:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST**H. TOTAL CASH****I. TOTAL AMOUNT FINANCED**

IMPORTANT ATTACHMENTS: Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash should include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

18. Provide a detailed explanation of the form(s) and source(s) of funding for the costs identified in §17 (include loans, mortgages, lines of credit, notes, personal funds, gifts):

*If additional space is needed, please use last page.

19. List each lender and loan amount(s) from which "total amount financed" noted in subsections 17(I) will derive:

Name	Dollar Amount	Type of Financing

*If additional space is needed, please use last page.

Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☐

If yes, please describe:

20. Pledge: (i.e. collateral for a loan)

Is the applicant seeking approval to pledge the license? ☐ Yes ☐ No

If **yes**, describe terms and conditions and to whom:

If a corporation, is the applicant seeking approval to pledge any of the corporate stock? ☐ Yes ☐ No

If **yes**, to whom:

Number of Shares

Is the applicant pledging the inventory? ☐ Yes ☐ No

If **yes**, to whom:

IMPORTANT ATTACHMENTS: If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

21. Construction of Premise

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☐ No

**If all the information is not completed the
application may be returned**

APPLICANT'S STATEMENT

I, the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☐ LLC/LLP member of , hereby submit this application for (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:

Date

Title

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Personal Information Form

Each individual listed in Section 10 of this application must complete this form.

1. Licensee Information:

Legal Name of Licensee	<input type="text"/>	Business Name (d/b/a)	<input type="text"/>
Address:	<input type="text"/>	ABCC License Number: (If existing licensee)	<input type="text"/>
City/Town	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number of Premise	<input type="text"/>	EIN of License	<input type="text"/>

2. Personal Information:

Individual Name	<input type="text"/>	Home Phone Number:	<input type="text"/>
Address	<input type="text"/>		
City/Town	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Social Security Number	<input type="text"/>	Date of Birth	<input type="text"/>
Place of Employment	<input type="text"/>		
Have you ever been convicted of a state, federal or military crime? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, attach an affidavit as to all charges and disposition.			

3. Financial Interest:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS: For all cash contributions, attach last 3 months of bank statements for the source(s) of this cash.
If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature	<input type="text"/>	Date	<input type="text"/>
Title	<input type="text"/>	(If Corporation/LLC Representative)	

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Manager Application

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. Licensee Information:

Legal Name of Licensee:	<input type="text"/>	Business Name (d/b/a)	<input type="text"/>
Address:	<input type="text"/>		
City/Town	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
ABCC License Number: (If existing licensee)	<input type="text"/>	Phone Number of Premise	<input type="text"/>

2. Manager Information:

Name:	<input type="text"/>	Cell Phone Number:	<input type="text"/>
Are you a U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Court and Date of Naturalization: <input type="text"/>		
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)			
List the number of hours per week you will spend on the licensed premises:	<input type="text"/>		
Have you ever been charged or convicted of a state, federal or military crime? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, attach an affidavit as to all charges and disposition.			
Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please describe: <input type="text"/>			
Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please describe: <input type="text"/>			
Have you ever been the Manager of Record of a license that was issued by this Commission? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please describe: <input type="text"/>			
Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):			
<input type="text"/>			

If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

Date

**Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114**

AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS

To the Licensing Board

For the

Date

I, hereby certify that the following is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverages license at:

And that the following schools, churches or hospitals are located within the radius of five hundred (500) feet from said proposed location:

If there are none, please so state:

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three (3) days after publication of same, a copy of the advertisement is attached below. Also attached are the registered receipts./return registered receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under the penalties of perjuries:

Printed: _____

Written: _____

Date:

Notary Public: _____

My Commission Expires: _____

Please Attach Advertisement and Receipts

Additional Space

Please note which question you are using this space for.

New License Checklist

This application will be returned if the following documentation is not submitted:

- ☐ Retail Transmittal Form
- ☐ \$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- ☐ Newspaper Notice
- ☐ Abutter Notification
- ☐ Retail Application with:
 - ☐ Articles of Organization for Corporation or LLC
 - ☐ Floor Plan
 - ☐ Signed lease or documents proving a legal right to occupy premises
 - ☐ Manager's Form
 - ☐ Personal Information Form for all individuals with beneficial interests in the license and supporting
 - ☐ Financial Records
- ☐ CORI Application
 - ☐ All records, loan agreements, documents, as well as affidavits detailing the source(s) of money for this license transaction
- ☐ Three (3) months of bank statements confirming the sources of the funds
- ☐ Vote of Corporate Board or LLC



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
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 an 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: _____ 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
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

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

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

*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 Mass, G.L. c. 62C s. 49A.



TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center

8 Central Street

Tel: 508-883-8433

Fax: 508-883-2994

EMERGENCY BUSINESS CONTACT FORM

The information you provide will enable the Millville Police Department or Municipal Center to contact you or a representative of your business should a problem occur. Please complete this Form as accurately as possible and return it to the Executive Secretary. Thank you.

IT IS IMPORTANT THAT YOU NOTIFY THE EXECUTIVE SECRETARY OF ANY CHANGES TO THIS INFORMATION.

TODAY'S DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

Order of persons in which to be contacted in the event of an emergency:

	<u>Contact Name</u>	<u>Address</u>	<u>Phone 1</u>	<u>Phone 2</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

After normal business hours does your business have:

Alarms _____ Lights _____ Security _____ Guard Dog _____

Does your business contain any materials or have any conditions that could be hazardous to Police or Fire Department personnel who may enter? If so, please explain: _____



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TOWN OFFICIALS INSPECTION REPORT FOR NEW LIQUOR LICENSES

BUSINESS NAME AND LOCATION:

Applicant/General Manager Name: _____

Business Name: _____

Business Address: _____

Business Telephone Number: _____ Cell Phone: _____

1. BOARD OF HEALTH – 508-883-5041

I do hereby state that as of the _____ day of _____ 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Department of Public Health. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

2. BUILDING INSPECTOR – 508-883-0808

I do hereby state that as of the _____ day of _____ 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Building Code. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

3. FIRE DEPARTMENT – 508-883-4740

I do hereby state that as of the _____ day of _____ 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all of the requirements imposed upon it pursuant to the Commonwealth of Massachusetts Fire Prevention Code. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____

4. POLICE DEPARTMENT – 508-883-3117

I do hereby state that as of the _____ day of _____ 20____, I have personally inspected the premises located at the applicant's business address listed above and the premises _____ **MEETS** _____ **DOES NOT MEET** all requirement of routine compliance inspection. To the best of my knowledge, there _____ **WERE** _____ **WERE NOT** any violations within the past year.

Signed: _____

COMMENTS: _____



TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center

8 Central Street

Tel: 508-883-8433

Fax: 508-883-2994

TAX COLLECTOR - GOOD STANDING CERTIFICATION

Applicant Name: _____

Contact Telephone Numbers: _____

Business Name: _____

Business Address: _____

TAX PAYMENT STATUS

I, _____, of the Tax Collector's Office of the Town of
Millville, Massachusetts, do hereby certify that the owners of the above-listed
property address and dealership ____ are ____ are not current on the following
taxes and fees: _____ Real Estate Taxes _____ Personal Property

COMMENTS

Signed: _____ Date: _____
Tax Collector/Asst. Tax Collector