



License Fee: \$100.00  
Processing Fee: \$10.00  
**\$110.00**  
Optional Extended Hours \$10.00  
Optional Outdoor Dining \$100.00  
  
Total Paid: \$\_\_\_\_\_

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF BELMONT  
ORIGINAL APPLICATION FOR COMMON VICTUALLER LICENSE**

Legal Business Name (Corp, LLC, etc.)\_\_\_\_\_

Doing Business As (if different) \_\_\_\_\_

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

The Establishment shall operate as: \_\_\_\_\_Sole Ownership \_\_\_\_\_Partnership \_\_\_\_\_Corporation

Note: (A) If a corporation, state full names and addresses of principal officers making this application  
(B) If a co-partnership, information must be provided on each partner

Applicant (1) Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phones (Business)\_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)\_\_\_\_\_

Email address: \_\_\_\_\_

Applicant (2) Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phones (Business)\_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)\_\_\_\_\_

Email address: \_\_\_\_\_

## DESCRIPTION OF APPLICANT (1)

Name\_\_\_\_\_

Born in the U.S.      YES      NO

Place of Birth\_\_\_\_\_

Date of Naturalization\_\_\_\_\_

Male or Female\_\_\_\_\_Age\_\_\_\_\_

Date of Birth\_\_\_\_\_

Social Security No.\_\_\_\_\_

## Corporate Information

Name

Home Address

Date of Birth

%Ownership or  
Number of Shares

President\_\_\_\_\_

Secretary\_\_\_\_\_

Treasurer\_\_\_\_\_

Do you own the property?    Yes\_\_\_\_\_      No\_\_\_\_\_

If No: Name of property owner \_\_\_\_\_

Owner's Address\_\_\_\_\_Telephone Number\_\_\_\_\_

If leasing premises \$\_\_\_\_\_per month      Dates of Lease\_\_\_\_\_

Will your restaurant be serving:

Breakfast  
Yes    NoLunch  
Yes    NoDinner  
Yes    No

Hours of Operation\* Day(s) of the week \_\_\_\_\_ Hours from \_\_\_\_\_AM to \_\_\_\_\_PM

Day(s) of the week \_\_\_\_\_ Hours from \_\_\_\_\_AM to \_\_\_\_\_PM

Day(s) of the week \_\_\_\_\_ Hours from \_\_\_\_\_AM to \_\_\_\_\_PM

\*Note: Extended Hours Permit is required if open before 6:00am or after 11:00pm.

Floor Space\_\_\_\_\_Sq.Ft.      Parking Capacity \_\_\_\_\_spaces

Number of Seats \_\_\_\_\_      Number of Waiting \_\_\_\_\_      Number of Staff\_\_\_\_\_

## DESCRIPTION OF APPLICANT (2)

Name\_\_\_\_\_

Born in the U.S.      YES      NO

Place of Birth\_\_\_\_\_

Date of Naturalization\_\_\_\_\_

Male or Female\_\_\_\_\_Age\_\_\_\_\_

Date of Birth\_\_\_\_\_

Social Security No.\_\_\_\_\_

Is there any major remodeling, redecorating or building on the premises in preparation for this business?

Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated construction completion date \_\_\_\_\_

Have you already begun working with the Community Development department? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you already begun working with the Health department? Yes \_\_\_\_\_ No \_\_\_\_\_

### APPLICANT'S RESUME

#### Food Business Experience of Applicant(s)

Dates From \_\_\_\_\_ to \_\_\_\_\_

Employee \_\_\_\_\_

Sole Owner \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_

Type Food \_\_\_\_\_

Number of Employees \_\_\_\_\_

Dates From \_\_\_\_\_ to \_\_\_\_\_

Employee \_\_\_\_\_

Sole Owner \_\_\_\_\_

Partnership \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_

Type Food \_\_\_\_\_

Number of Employees \_\_\_\_\_

List any other information that you feel will assist the review of the application

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Has any person named in this application had any direct or indirect beneficial or financial interest in any other license granted under M.G.L. Chapters 138 or 140? If yes, state the following for each person/entity:

Name	Type of License	License Address	Description of Interest
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any person named in this application ever had any license revoked or cancelled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state for each license the date and reasons why the license was revoked or cancelled:

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Has any person named in this application ever been convicted of violating any state or federal law? (exclude minor traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, provide details. \_\_\_\_\_

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## REFERENCES

**Personal** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Prior Employer** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Bank** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### **Name of Attorney, if any, filing application on behalf of licensee:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Office Address \_\_\_\_\_ Email address \_\_\_\_\_

I/we hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulation as the Board of Selectmen may establish. With the signing of this application, the applicant acknowledges that:

- (A) it is understood that the Board is not required to grant the license.
- (B) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulation of the Board
- (C) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and furthermore, any work done is done at the applicant's risk, and
- (D) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said licensee will be deemed to be an application for a new license (subject to the rules and regulation herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty (30) day notice of his intention to sell same before such application will be acted upon by the Selectmen.
- (E) any intentional false answer to any of the above questions will be just cause for refusal to grant or for revocation of any license issued as a result of this application.

Signed and subscribed to under Penalty of Perjury this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Signature Applicant (1) \_\_\_\_\_

Signature Applicant (2) \_\_\_\_\_

***This application will not be considered unless it is complete and includes two attachments (Workman's Compensation and MA Dept of Revenue REAP).***

**MASSACHUSETTS DEPARTMENT OF REVENUE**  
**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**  
**FOR BUSINESS CERTIFICATE**

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.

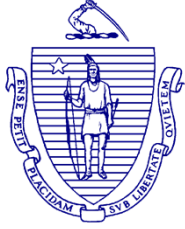
- 
- Signature of Individual or Corporate Name (Mandatory)

- 
- By: Corporate Officer (Mandatory, If Applicable)

- 
- \*\*Social Security # or  
Federal Identification Number

- This business certificate 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. This request is made under the authority of Mass. General Law c. 62C s. 49A.



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

**Workers' Compensation Insurance Affidavit: General Businesses.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**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 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."

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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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

License Number: \_\_\_\_\_

Optional Extended Hours  
Additional Fee: \$10.00



**TOWN OF BELMONT  
REQUEST FOR EXTENDED HOURS LICENSE  
(IF OPEN BEFORE 6:00 A.M. OR AFTER 11:00 P.M.)**

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Requested Regular Hours \_\_\_\_\_

OR

Special One Day Event (Date/Hours) \_\_\_\_\_

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

*Applicant, please do not write below this line.*

This is to certify that the above business is hereby granted a license to operate during extended hours as described above at the above address only, and this license will expire on December 31st, unless sooner suspended or revoked for violation of the laws of the Town of Belmont.

This license is issued in conformity with Belmont Bylaw §60-900 (F). In testimony whereof, the undersigned have hereunto affixed their official signatures.

Approved      or      Disapproved  
(Circle one)

\_\_\_\_\_  
Police Chief, Belmont, Massachusetts

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

Approved      or      Disapproved  
(Circle one)

by the Board of Selectmen

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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





# TOWN OF BELMONT

## REQUIREMENTS FOR OUTDOOR DINING ON PUBLIC SIDEWALKS

Applications need to be submitted at least 30 days prior to the commencement of outdoor seating. Outdoor sidewalk seating permitted April 15 – October 15. Licenses must be renewed yearly.

### CHECKLIST FOR OUTDOOR DINING APPLICATION

- ☼ Signed and dated application form
- ☼ Proof of Business Ownership
- ☼ Copy of Town of Belmont issued Common Victualler license
- ☼ If premises are leased, copy of lease and written permission by building owner
- ☼ Permit to Operate a Food Service Establishment issued by the Belmont Board of Health
- ☼ Professionally drawn plan and all supporting documents containing the information required in order to make a decision as to the license and shall also include a plan for outdoor lighting if any is proposed
- ☼ If applicant business possesses an Alcohol License
  - TIPS or alcohol server training certificates for all managers and servers
  - Alcohol control plan including managers plan to ensure alcohol remains only on the licensed premises and not in the sidewalk area
- ☼ Two photos of location where sidewalk seating will be placed in relation to establishment
- ☼ Non-refundable yearly application fee of \$100 (cashiers check) payable to *Town of Belmont*

### CHECKLIST AFTER APPROVAL OF APPLICATION

- ☼ Certificate of Insurance naming *Town of Belmont* as additional insured
- ☼ Final Photograph of approved sidewalk seating

#### 1. Business Applicant

Business Name & Address \_\_\_\_\_

Business Owner \_\_\_\_\_

Business Manager \_\_\_\_\_

Contact information (mailing address, phone number, email address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please see reverse side)

2. Property Location      ☐ own      ☐ lease

If lease, please provide a letter of approval from the owner

Owner Contact information (name, mailing address, phone number, email address)

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3. Do you possess a current Town of Belmont Common Victualler license?    YES\_\_\_\_    NO \_\_\_\_

4. Do you possess a current License for Sale of Alcoholic Beverages?    YES \_\_\_\_    NO \_\_\_\_  
If yes, alcohol may NOT be served at the outdoor sidewalk seating. Further, you will need to submit a plan/strategy for control of alcohol consumption at sidewalk seating.

5. Have you had a license revoked, suspended or fined by the Town of Belmont or the Commonwealth of Massachusetts within the past 12 months?    YES \_\_\_\_    NO \_\_\_\_  
If yes, please explain:

6. (a) Current indoor seating capacity \_\_\_\_\_  
(b) Proposed seating capacity for outdoor sidewalk seating: \_\_\_\_\_

7. Days and Hours of operation:

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I attest that I have read and understand the *Town of Belmont Regulations for Outdoor Dining Licenses utilizing Public Sidewalks* and agree to uphold these regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Submit application with \$100 to: Town Clerk  
455 Concord Avenue  
Belmont, MA 02478