

License Fee: \$100.00
Processing Fee: \$10.00
\$110.00

Optional Extended Hours \$10.00
Optional Outdoor Dining \$100.00

Total Paid: \$ _____

RENEWAL APPLICATION FOR COMMON VICTUALLER LICENSE



THE COMMONWEALTH OF MASSACHUSETTS TOWN OF BELMONT

1. Name of licensed establishment: _____
2. Address and telephone number of licensed premises: _____

3. Owner's name (officer name & title, if corporation): _____
4. Owner's home address: _____
5. Owner's contact telephone numbers: _____
6. Owner's email: _____
7. Days and Hours of Operation: _____
(Note: Extended Hours Permit is Required If Open Before 6:00 a.m. Or After 11:00 p.m.)
8. Seating Capacity: # Seats _____ # Tables _____ Square Footage _____
9. I also enclose the optional applications for:
 - a. Extended Hours (See attached – Additional \$10.00) Yes___ No___
 - b. Outdoor Dining on Public Sidewalks (See attached – Additional \$100.00) Yes___ No___
10. If any information has changed from previous license, please indicate the changes below:

I have reviewed my current Common Victualler license and attest that the information provided has not changed, other than as set forth above: **SIGNED AND SUBSCRIBED TO UNDER PENALTY OF PERJURY** on this _____ day of _____, 20____

Signature of Applicant: _____ Title: _____

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 Applicable)

**Social Security # (Voluntary) or
Federal Identification Number

- 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. General Law c. 62C s. 49A.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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



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 mangers 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)

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 _____

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 31, 2014, unless sooner suspended or revoked for violation of the laws of the Town of Belmont.

This license is issued in conformity with Belmont By-Law 4.9.6. In testimony whereof, the undersigned have hereunto affixed their official signatures.

Approved or Disapproved
(Circle one)

Chief of Police, Belmont, Massachusetts

Date: _____

Approved or Disapproved by the Board of Selectmen
(Circle one)

Date: _____