THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LUNENBURG
APPLICATION FOR LICENSE

17 Main Street, P O Box 135
Lunenburg, MA 01462
978-582-4144 Fax 978-582-4175

Date:_____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

_____

PLEASE PRINT (Full name of person, business, non-profit organization or corporation)

____**Auto Dealer License**
Class I ___
Class II __
Class II ___

____**Liquor License** (check all that applies)
Malt & Wine ___Off Premise §15
___On Premise §12
Malt, Wine & Cordial ____§ 12 On Premise
All Alcohol ___ Off Premise §15
___ On Premise §12

One Day Special License
____Non-Profit ____For Profit

____**Automatic Amusement Device**
(Check all that apply)
____Group #1Electronic Gun or Target Games
____Group #2 Simulated Sport Games
____Group #3 Ski-Ball Games
____Group #4 Video Games
____Group # 5 Pool/Billiards/Shuffleboard*
____Group # 6 Simulated Driving/Racing Games
____Group #8 Juke Box
____Group #9 Dancing
____Group # 10 Amusement Rides*
____Group #11 Flea Market (a Sunday License will be required if admission fee is charged)
____Group #12 Miniature Golf
____Group #13 Live Entertainment

____**Common Victualer**
____**Gasoline Storage**
____**Peddler's License**
____**Limousine License**
____**Taxicab License**

* Each game/ride shall constitute a separate fee

Other:_____ (Description)

D/B/A_____

CONTACT
PERSON:_____

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LOCATION: (By street and number)_____

MAILING ADDRESS:

_____

(If different than location)

TELEPHONE:_____ EMAIL ADDRESS:_____

Business Identification #_____ **

UNDERLINE TYPE: Federal Identification #, Employer Identification # or Social Security #

_____

SIGNATURE OF INDIVIDUAL OR CORPORATE NAME BY CORPORATE OFFICER

PRINTED NAME HERE OF SIGNATOR_____

I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law and I also certify that I have in my possession any state licenses required to obtain local licensing in Lunenburg.

** The business identification number will be furnished to the Massachusetts Department of Revenue. Those who fail to correct non-filing or delinquency will be subject to license suspension or revocation.

Lunenburg Bylaw- Article II, Section 16 Licenses and Permits of Delinquent Taxpayers (b) the licensing authority may deny, revoke, or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the tax collector; provided, however, that written notice is given to the party and the tax collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than fourteen days after said notice. Said list shall be prima facie evidence for denial, revocation or suspension. Any findings made by the licensing authority with respect to license denial, revocation or suspension shall be made only for the purposes of such proceeding and shall not be relevant to or introduced in any other proceedings at law, except for any appeal from such license denial, revocation or suspension. Any license or permit denied, suspended or revoked under this section shall not be issued or renewed until the license authority receives a certificate issued by the tax collector that the party is in good standing with respect to any or all taxes, fees, assessments, betterments or other municipal charges, payable to the Town as the date of issuance of said certificate.

THE COMMONWEALTH OF MASSACHUSETTS

Town OF Lunenburg

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a..... class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? .....

.....

Business address of concern. No. .....St.,

.....City — Town.

2. Is the above concern an individual, co-partnership, an association or a corporation? .....

.....

3. If an individual, state full name and residential address.

.....

.....

4. If a co-partnership, state full names and residential addresses of the persons composing it.

.....

.....

.....

.....

.....

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President .....

Secretary .....

Treasurer .....

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? .....

If so, is your principal business the sale of new motor vehicles? .....

Is your principal business the buying and selling of second hand motor vehicles? .....

Is your principal business that of a motor vehicle junk dealer? .....

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

.....

.....

.....

.....

.....

8. Are you a recognized agent of a motor vehicle manufacturer? ..... (Yes or No)

If so, state name of manufacturer .....

.....

9. Have you a signed contract as required by Section 58, Class 1? ..... (Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? ..... (Yes or No)

If so, in what city — town .....

Did you receive a license? ..... (Yes or No) For what year? .....

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? ..... (Yes or No)

.....

.....

.....

.....

Sign your name in full..... *(Duly authorized to represent the concern herein mentioned)*

Residence.....

IMPORTANT

EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION, AND FALSE STATEMENTS HEREIN MAY RESULT IN THE REJECTION OF YOUR APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENSE IF ISSUED.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

Application after investigation .....
(Approved or Disapproved)

License No. ....granted.....19.... Fee $.....

Signed.....

.....

.....

.....

.....

.....

CHAPTER 140 OF THE GENERAL LAWS, TER. ED., WITH AMENDMENTS THERETO (EXTRACT)

SECTION 57. No person, except one whose principal business is the manufacture and sale of new motor vehicles but who incidentally acquires and sells second hand vehicles, or a person whose principal business is financing the purchase of or insuring motor vehicles but who incidentally acquires and sells second hand vehicles, shall engage in the business of buying, selling, exchanging or assembling second hand motor vehicles or parts thereof without securing a license as provided in section fifty-nine. This section shall apply to any person engaged in the business of conducting auctions for the sale of motor vehicles.

SECTION 58. Licenses granted under the following section shall be classified as follows:

Class 1. Any person who is a recognized agent of a motor vehicle manufacturer or a seller of motor vehicles made by such manufacturer whose authority to sell the same is created by a written contract with such manufacturer or with some person authorized in writing by such manufacturer to enter into such contract, and whose principal business is the sale of new motor vehicles, the purchase and sale of second hand motor vehicles being incidental or secondary thereto, may be granted an agent's or a seller's license; provided, that with respect to second hand motor vehicles purchased for the purpose of sale or exchange and not taken in trade for new motor vehicles, such dealer shall be subject to all provisions of this chapter and of rules and regulations made in accordance therewith applicable to holders of licenses of class 2.

Class 2. Any person whose principal business is the buying or selling of second hand motor vehicles may be granted a used car dealer's license.

Class 3. Any person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding the same, or the buying or selling of parts of second hand motor vehicles or tires, or the assembling of second hand motor vehicle parts, may be granted a motor vehicle junk license.

SECTION 59. The police commissioner in Boston and the licensing authorities in other cities and towns may grant licenses under this section which shall expire on January first following the date of issue unless sooner revoked. The fees for the licenses shall be fixed by the licensing board or officer, but in no case shall exceed $100. dollars. Application for license shall be made in such form as shall be approved by the registrar of motor vehicles, in sections fifty-nine to sixty-six, inclusive, called the registrar, and if the applicant has not held a license in the year prior to such application, such application shall be made in duplicate, which duplicate shall be filed with the registrar. No such license shall be granted unless the licensing board or officer is satisfied from an investigation of the facts stated in the application and any other information which they may require of the applicant, that he is a proper person to engage in the business specified in section fifty-eight in the classifications for which he has applied, that said business is or will be his principal business, and that he has available a place of business suitable for the purpose. The license shall specify all the premises to be occupied by the licensee for the purpose of carrying on the licensed business. Permits for a change of situation of the licensed premises or for addition thereto may be granted at any time by the licensing board or officer in writing, a copy of which shall be attached to the license. Cities and towns by ordinance or by-law may regulate the situation of the premises of licensees within class 3 as defined in section fifty-eight, and all licenses and permits issued hereunder to persons within said class 3 shall be subject to the provisions of ordinances and by-laws which are hereby authorized to be made. No license or permit shall be issued hereunder to a person within said class 3 until after a hearing, of which seven days' notice shall have been given to the owners of property abutting on the premises where such license or permit is proposed to be exercised. All licenses granted under this section shall be revoked by the licensing board or officer if it appears, after hearing, that the licensee is not complying with sections fifty-seven to sixty-nine, inclusive, or the rules and regulations made thereunder; and no new license shall be granted to such person thereafter, nor to any person for use on the same premises, without the approval of the registrar. The hearing may be dispensed with if the registrar notifies the licensing board or officer that a licensee is not so complying. Any person aggrieved by any action of the licensing board or officer refusing to grant, or revoking a license for any cause may, within ten days after such action, appeal therefrom to any justice of the superior court in the county in which the premises sought to be occupied under the license or permit applied for are located. The justice shall, after such notice to the parties as he deems reasonable, give a summary hearing on such appeal, and shall have jurisdiction in equity to review all questions of fact or law and may affirm or reverse the decision of the board or officer and may make any appropriate decree. The decision of the justice shall be final.

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CORI REQUEST FORM

Town of Lunenburg is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 (3), which mandates organizations access and to receive pending case CORI for the purpose of evaluating applicants for a professional or occupational license issued by a state or municipal entity.

_____
APPLICANT/EMPLOYEE SIGNATURE

_____
APPLICANT/EMPLOYEE INFORMATION **(PLEASE PRINT)**

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____ _____
DATE OF BIRTH SOCIAL SECURITY # ID THEFT INDEX PIN
(Last Six SSN ONLY:*)** (if applicable)

_____
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

_____
_____

SEX:_____ HEIGHT:____ft.____in. WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER:_____
(include state of issue)

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION:_____

REQUESTED BY:_____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION ATTESTATION (REAP)

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

_____

*Signature of Individual or Corporate Name (Mandatory)

_____

By: Corporate Officer (Mandatory, If Applicable)

_____

** Social Security Number (voluntary) or Federal Identification Number

*Licenses or permits will not be issued unless this certification clause is signed by the applicant.

** Will be furnished to the MA 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 M.G.L. Chapter 62C, § 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."

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 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

Form Revised 02-23-15

Town of Lunenburg Building Department
Michael J. Sauvageau
Building Commissioner
Zoning Official
960 Massachusetts Avenue, Lunenburg, MA 01462
Phone: 978 582-4146 Fax: 978 582-4353

FORM OF INTENT

Zoning District: _____
Map/Parcel _____ **Lot#** _____
Office use only

Please print the following:

Name of Owner: _____

Location of Business: _____

Name of Business: _____

Mailing Address: _____

Daytime Phone Number: _____ **Cell Number:** _____

Briefly explain your intentions:

_____

_____

_____

_____

Signature **Date**

_____

In Order for us to process your application, the following information is required:

1. Floor plan of how the business is going to be set up;
2. Certified plot plan showing where you re providing adequate off street parking;
3. Fee of fifteen ($15.00) dollars paying to the Town of Lunenburg
4. All new signs require a sign permit.

A Business Certificate must be filed in the office of the Town Clerk.

Approval:

_____

Building Official **date**

TOWN OF LUNENBURG
Office of the Town Clerk
17 Main Street
P.O. Box 135
Lunenburg, MA 01462
Telephone (978) 582-4131
Fax (978) 582-4148

INFORMATION ABOUT BUSINESS CERTIFICATE

(Sometimes referred to as "DBA's)

WHAT IS A BUSINESS CERTIFICATE?

The purpose of Business Certificate is to make known the ownership and location of a business for Public Information. Many Banks, Creditors and others will verify Business Certificates prior to making decisions regarding your business. Corporations meet the Public Information requirements simply by becoming incorporated (and annual reports thereafter) through the Secretary of the State's office. The laws of Massachusetts (Chapter 110, Section 5) state that **"any person conducting business in the Commonwealth under any title other than the real name of a person conducting the business"** shall file a Business Certificate. A **"person"** in this case includes Corporations if the Corporation is conducting business under any other title than its corporate name.

WHERE DOES ONE FILE?

Business Certificates do not "license" any particular business activity. Prior to being issued a Business Certificate, you will need the approval of the Building Inspector. You will be filing a "**Notice of Intent**". It is your responsibility to obtain all appropriate permits and/or licenses for your business from the building department, licensing authority and board of health.

Upon approval, the Business Certificate **must** be filed with the Town Clerk, either in person or by mail. You will also need to call the Secretary of the State's office (617) 727-9640) to be certain that there is not already a business/corporation using the name that you are intending to use. Filing a business certificate at the town level does not protect your name as a corporate filing or a trademark registration does. It merely allows consumers and or creditors to identify the names of the actual owners of a business. This filing is required by state law.

DOES A BUSINESS CERTIFICATE EXPIRE?

A Business Certificate is in full force and effect for four (4) years from the date of issue. A new filing must be made every four years as long as the business is being conducted and shall lapse and be void unless renewed.

WHAT ABOUT A CHANGE?

If the address of either the Business or owner(s) changes, you are required to update your Certificate by filing the change with the Clerk's office. If the individual(s) conducting the business changes, you are required to file this change with the clerk's office as well. If the business is discontinued, you are required to file this change with the Town Clerk's office.

FEES

Business Certificates Filing and Renewals cost $25.00 and are good for four years.

Certified Copies are provided upon request for an additional $10.00. Discontinuance filling is $5.00. Mail or deliver check payable to the Town of Lunenburg.

Business Certificates must be completed and signed before the Town Clerk or Notary Public.

Businesses are subject to Personal Property taxes. (Mass G.L. Chap. 59, Sec.29) Businesses remain subject to Personal Property assessment until a ***Statement of Discontinuance is filed with the Town Clerk's office.***

TOWN OF LUNENBURG

BUSINESS IDENTITY CERTIFICATE

New ☐ Renewal ☐

Prior Certificate # _____

Fee: $25.00

CERTIFICATE # _____

EXPIRES: _____

Note: This Certificate is not required of any corporation doing business under its true corporate name, nor any partnership doing business under any title which includes the true surname of any partner, nor any foreign express business complying with Section 5 and 6 of Chapter 159, M.G.L. Any partnership, joint stock company or association conducted by trustees under a written instrument or declaration of trust shall file the names of the trustees and a reference to such instrument or declaration. (See Section 6, Chapter 110)

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

_____

(Business Name - please indicate if this business is incorporated)

will be conducted at _____ Lunenburg

(Please indicate street address and mailing address if different)

Business telephone # _____ Email Address: _____

by the following person(s):

Full Name	Residential Address, City/Town, Zip	Home / Cell Telephone #

Nature of Business: _____

Signature(s): _____ _____ Date

_____

_____

THE COMMONWEALTH OF MASSACHUSETTS

WORCESTER, SS: Date: _____

Personally appeared before me the above named _____ proved to me through satisfactory evidence of identification, which were _____ and made oath that the foregoing statements are true.

_____ My Commission Expires: _____

Notary Public Signature

Note: In the event of discontinuing, retiring or withdrawing from the business or change of residence or change in location of the business, the Town Clerk must be notified. (Violations of Section 5, Chapter 110 are punishable by fine of up to $300.00 for each month during which violation continues.) The Certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless renewed.

SEAL

CHECKLIST FOR CLASS II AUTO DEALER LICENSE APPLICATION

- **License Application Form** - Prior to submission of an application to the Licensing Authority, approval by the Zoning Board of Appeals is required.
- **Form 53 (to be sent to the Registry of Motor Vehicles once license is issued**
- **CORI Request Form**
- **Check for $100.00 made to the Town of Lunenburg is due at time of application**
- **Detailed Plot Plan** indicating all buildings (proposed and existing) plus interior layout of building, septic system, water supply source, location and maximum number of vehicles to be parked thereon (including employee vehicles)
- **Tax Attestation Form**
- **Workman's Compensation Insurance Affidavit**
- **Public Hearing Notice*** (cost of ad is at applicant's expense) Licensing Authority will place the hearing notice in a local newspaper
- **Notice to Abutters via Certified Mail/Return Receipt** **at least 7 days before the hearing** (Licensing Authority will provide the hearing notice to applicant. Certified Mail receipts shall be turned over to the Local Licensing Authority
- **A lease agreement or letter from property owner must be included if it is not the applicant's property.**
- **Proof of $25,000 bond**

Other items needed:

- A **Business Certificate** must be filed with the Town Clerk's Office
- Applicant must also file for a "**Use & Sign Permit**" from the Building Department
- A **certified abutters list** can be obtained from the Assessors' Office