



**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

____ **Automatic Amusement Device**

(Check all that apply)

- ____ Group #1 Electronic 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 #7 Dancing
- ____ Group # 8 Amusement Rides*
- ____ Group #9 Flea Market (a Sunday License will be required if admission fee is charged)
- ____ Group #10 Miniature Golf
- ____ Group #11 Live Entertainment

____ **One Day Special License**

____ Non-Profit ____ For Profit

____ **Common Victualer**

- ____ **Jukebox License**
- ____ **Peddler's License**
- ____ **Limousine License**
- ____ **Taxicab License**

* Each game/ride shall constitute a separate fee

Other: _____

(Description)

D/B/A _____

CONTACT PERSON: _____

AUTOMATIC AMUSEMENT DEVICES

PLEASE PRINT

Licensee Name: _____

Name of Establishment _____

Address: _____

**I request license(s) for the following Automatic Amusement Devices
(Limited to 3 per establishment):
(list each machine separately)**

Name of Machine	Owner of Machine	Manufacturer	Group
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Printed Name



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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 #

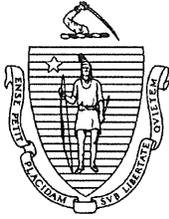
SIGNATURE OF INDIVIDUAL OR CORPORATE NAME BY CORPORATE OFFICER

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
 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 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 #: _____

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.



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LICENSE APPLICATION CHECKLIST

(SOME OF THESE MAY OR MAY NOT BE APPLICABLE, CHECK WITH BOARD OF SELECTMEN OFFICE)

- LICENSE APPLICATION COMPLETED IN FULL
(INCOMPLETE FORMS WILL NOT BE ACCEPTED)
- WORKERS' COMPENSATION AFFIDAVIT
- CERTIFICATE OF LIABILITY INSURANCE COVERAGE (if applicable)
- FLOOR OR PLOT PLAN OF PREMISES
- PHOTO ID FOR CORI
- TAX ATTESTATION FORM
- STATE LICENSE FOR PEDDLER'S LICENSE/DEPT. OF PUBLIC UTILITIES PERMIT
- DPU PERMIT FOR ANY CHARTER LIMOUSINE LICENSE
- BUSINESS CERTIFICATE
- WRITTEN DESCRIPTION OF EMPLOYEE SERVER TRAINING PROGRAM/POLICY
- SPECIAL PERMIT DECISION
- OTHER APPLICABLE PERMITS RELATED TO THE BUSINESS
i.e.; FOOD PERMITS, ETC.
- PROOF OF BOND COVERAGE (Class II Auto Dealers) due upon issuance of license
and before license is handed over to licensee.
- CHECK MADE OUT TO TOWN OF LUNENBURG FOR FEE(S)