

## Town of Lunenburg

## Select Board

17 Main Street • Box 135  
Lunenburg, Massachusetts 01462  
Telephone: 978-582-4144

## Hawker-Peddler Application

### MGL Ch.101 Section 34

Name of Applicant Responsible \_\_\_\_\_

Permanent Street Address of Applicant \_\_\_\_\_

Phone Number of Applicant Responsible

Email Address of Applicant Responsible \_\_\_\_\_

Name of Employer (if different than applicant) \_\_\_\_\_

Address of Employer (if different than applicant)

List of the Identity of persons and registrations of all motor vehicles to be used to transport goods or persons in engaged in said business: (If more than five persons and vehicles, please use separate piece of paper with the requested information.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please provide a brief description of the goods to be sold and proposed method of operation: \_\_\_\_\_

Have you been convicted of an offense against the laws of this state or ordinances or bylaws of any city or town? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, state fully the nature of the offense, the court where convicted, date of conviction and penalty imposed.

Have you had a license to peddle within the last five years?  YES  NO

If Yes, Town/City & License Number \_\_\_\_\_

*I certify under the penalties of perjury that I, to my best knowledge and belief, have answered the above questions truthfully.*

Signature of Licensee/Authorized Representative      Date

**CERTIFICATE OF CHARACTER:**

(Must be signed by the Chief of Police in the city or town in which applicant resides.)

I, the undersigned, \_\_\_\_\_ of the City/Town of \_\_\_\_\_  
(PRINT NAME)

hereby certify that to the best of my knowledge and belief, that, \_\_\_\_\_  
named applicant, is of good repute for morals and integrity.

**SIGNED:** \_\_\_\_\_ **CHIEF OF POLICE**    **DATE:** \_\_\_\_\_

**POLICE CHIEF CONTACT/ PHONE NUMBER AND EMAIL (PLEASE PRINT)**

\*This license will not be issued unless the certification clause is signed by the applicant.

**LUNENBURG CHIEF OF POLICE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **NOT APPROVED** \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF LUNENBURG  
APPLICATION FOR LICENSE  
17 Main Street, P O Box 135  
Lunenburg, MA 01462  
978-582-4130 x144

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: \_\_\_\_\_

PROPOSED HOURS OF OPERATION: \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF LUNENBURG  
APPLICATION FOR LICENSE  
17 Main Street, P O Box 135  
Lunenburg, MA 01462  
978-582-4130 x144

LOCATION: \_\_\_\_\_

MAILING ADDRESS:

(If different than location)

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Business Identification # \_\_\_\_\_ \*\*

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

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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*

*Office of Investigations*

*Lafayette City Center*

*2 Avenue de Lafayette, Boston, MA 02111-1750*

*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 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 § 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 (check 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.

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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts

Department of Industrial Accidents

**Office of Investigations**

Lafayette City Center

2 Avenue de Lafayette,

Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4608 | FAX: 617-660-5973  
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Lunenburg

is registered under the

(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

Town of Lunenburg

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

Town of Lunenburg

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that

Town of Lunenburg

may conduct

(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJ IS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk(\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's First, Last, & Maiden Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt.# or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

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

Verified by: \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*

*Town of Lunenburg, MA  
Thursday, October 12, 2023*

## Chapter 187. Peddling and Soliciting

[HISTORY: Adopted by the Town of Lunenburg 5-1985 (Art. IX, § 17, of the Town Bylaws). Amendments noted where applicable.]

### § 187-1. Registration required.

Any person, before proceeding to go from door to door within the Town for the purpose of bartering, selling, or taking orders for any goods, wares or merchandise, or for the purpose of begging or soliciting alms or charitable contributions, shall first record his name and address with the Chief of Police of the Town or his designee, together with such other information as the Chief of Police of the Town or his designee may reasonably require for the purpose of confirming such person's true identity and ascertaining the nature of the activities sought to be carried on.

### § 187-2. Issuance of permit; group permits.

[Amended 5-7-2022 ATM by Art. 24]

Upon compliance by any such person with these requirements, the Chief of Police or his designee shall issue a written permit to such person, upon a form by the Select Board, to engage in the activity described therein. Upon the request of any person being solicited, or of a police officer, the holder shall exhibit his permit. The Chief of Police or his designee may, however, authorize a director of any worthy cause to solicit contributions within the Town without having each solicitor under his direction registered and recorded.

### § 187-3. Violations and penalties.

Whoever violates any portion of this bylaw shall be punished by a fine of not more than \$300 for each offense.

### § 187-4. Appeals.

[Amended 5-7-2022 ATM by Art. 24]

Should the permit be denied by the Police Chief or his designee, the solicitor has the right to appeal to the Select Board.



**TOWN OF LUNENBURG  
LICENSE FEES\***

**ALCOHOL LICENSES**

CHANGES TO EXISTING ALCOHOL LICENSES	\$100.00
BYOB (Bring Your Own Bottle)	\$25.00
<b>PER M.G.L. CHAPTER 138, §12</b>	
GENERAL ON PREMISE - ALL ALCOHOL	\$1,450.00
GENERAL ON PREMISE - WINE, MALT & CORDIAL	\$700.00
GENERAL ON PREMISE - WINE & MALT	\$700.00
CLUB LICENSE - ALL ALCOHOL	\$350.00
CLUB LICENSE - WINE & MALT	\$175.00

**PER M.G.L. CHAPTER 138, §15**

PACKAGE STORE - ALL ALCOHOL	\$1,450.00
PACKAGE STORE - WINE & MALT	\$700.00

**PER M.G.L. CHAPTER 138, §14/15F**

SPECIAL ONE DAY- ALL ALCOHOL	\$60.00
SPECIAL ONE DAY- WINE & MALT	\$40.00

**OTHER LICENSES**

AUCTIONEER'S SPECIAL	\$10.00	
AUCTIONEER'S ANNUAL (REQUIRES A SPECIAL PERMIT)	\$30.00	
AUTOMATIC AMUSEMENT DEVICE (LIMIT OF THREE)	\$35.00	
BASE (GENERAL LICENSE;GOLF COURSE, DRIVING RANGE, DRIVE-IN BOWLING ALLEY, CIRCUS, AMUSEMENT CENTER)	\$60.00	
COMMON VICTUALLER	\$25.00	
CONCERT	\$40.00	
CLASS I, II, III AUTO DEALER/JUNK DEALER (REQUIRES SPECIAL PERMIT)	\$100.00	
JKUEBOX	\$35.00	
LIMOUSINE/TAXI CAB	\$25.00	
PEDDLER'S	\$20.00	
WEEKDAY ENTERTAINMENT	(ONE TIME EVENT \$25.00 Mon-Sat.)	\$100.00
SUNDAY ENTERTAINMENT	(ONE DAY \$25.00) (ANNUAL \$400.00)	

\* An additional 5% technology fee will be collected for any license application.

AMENDED BY SELECT BOARD 10/09/2018 AND EFFECTIVE 01/01/2019