



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

**One Day Special License**

Non-Profit  For Profit

**Common Victualer**

**Jukebox License**

**Peddler's License**

**Limousine License**

**Taxicab License**

**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

\* Each game/ride shall constitute a separate fee

**Other:** \_\_\_\_\_

(Description)

**D/B/A:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

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



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

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  
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, Boston, MA 02160  
TEL: 617-660-4640| TTY: 617-660-4600| FAX: 617-660-6973  
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  
(Organization)

is registered under the

provisions of M.G.L. c.8, § 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.

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Signature of CORI Subject

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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 02160  
TEL: 617-600-4040 | TTY: 617-600-4000 | FAX: 617-600-6973  
MASS.GOV/OJIS



**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*

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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
- COPY OF LEASE FOR PREMISES, IF NOT OWNED BY APPLICANT
- PHOTO ID FOR CORI
- TAX ATTESTATION FORM
- STATE LICENSE FOR PEDDLER'S LICENSE/DEPT. OF PUBLIC UTILITIES  
PERMIT
- D.PU PERMIT FOR ANY CHARTER LIMOUSINE LICENSE
- BUSINESS CERTIFICATE
- WRITTEN DESCRIPTION OF EMPLOYEE SERVER TRAINING  
PROGRAM/POLICY
- SPECIAL PERMIT DECISION
- CERTIFICATE OF GOOD STANDING (For common victualler license)
- 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)