



**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LUNENBURG
APPLICATION FOR LICENSE
17 Main Street, P O Box 135
Lunenburg, MA 01462
978-582-4144**

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

 Weekday Entertainment

 Sunday Entertainment

 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: _____



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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
 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/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.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
 (Organization)

may conduct

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/CJIS



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



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 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 § 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 #: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION ATTESTATION

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
- _____ 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
- _____ 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)