



Town of Braintree
BOARD OF LICENSE COMMISSIONERS

One JFK Memorial Drive
Braintree, MA 02184
Telephone: (781) 794-8151 Fax: (781) 794-8305

REQUIREMENTS FOR COMMON VICTUALLER LICENSE

Fee: \$75 filing fee; \$50 for license fee (if approved)

- (1) APPLICATION FORM**
- (2) WORKERS' COMPENSATION INSURANCE AFFIDAVIT & CERTIFICATE OF INSURANCE**
Complete WC Affidavit and attach a copy of the Certificate of Insurance
- (3) LETTER OF INTRODUCTION ADDRESSED TO THE BOARD OF LICENSE COMMISSIONERS**
(e.g. background on applicant, operate similar business in other cities/towns, applicant's intentions for operating a business in Braintree)
- (4) FLOOR PLAN**
Submit a floor plan of the licensed premises which should include a diagram of the inside designating entrances and exits, seating arrangement, restrooms as well as a diagram of available spaces for vehicular parking outside the premises
- (5) IF APPLICANT IS A CORPORATION - SUBMIT THE FOLLOWING:**
 - Obtain Certificate of Good Standing from the Commonwealth of MA – Secretary of State's Office
 - Copy of the Articles of Organization
- (6) IF APPLICANT IS A LIMITED LIABILITY COMPANY (LLC) – SUBMIT THE FOLLOWING:**
 - Obtain Certificate of Organization (Commonwealth of MA – Secretary of State's Office)
 - Obtain Certificate of Good Standing (Commonwealth of MA – Secretary of State's Office)
 - Copy of Operating Agreement
- (7) BUSINESS CERTIFICATE** obtainable from the Town Clerk
- (8) MUST CONTACT** Melissa Santucci Rozzi, Principal Planner, Planning & Community Development Dept, (781) 794-8234 or e-mail her at msantucci@braintreema.gov to inquire if a Special Permit is required for this location (The Planning Department is located at 90 Pond St., 2nd Floor)
- (9) MUST CONTACT** the Board of Health regarding Food Handlers Permits (781) 794-8090
The Board of Health is located at 90 Pond St., 2nd Floor

NOTE: ** APPLICATION MUST BE COMPLETE UPON SUBMISSION TO THE LICENSING OFFICE
BEFORE A HEARING DATE IS SCHEDULED****

The Licensing Commission meets on the 2nd & 4th Tuesday of the month. Applicants MUST attend the meeting. Please allow at least 4 weeks to process the application



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Annette McLaughlin, Licensing/Legal Assistant amclaughlin@braintreema.gov

APPLICATION FOR COMMON VICTUALLER LICENSE

Lic # _____ (do not fill in)

Date: _____

(PLEASE PRINT THE FOLLOWING INFORMATION)

Name of Applicant: _____

Address: _____

Phone # _____ Fax # _____ e-mail _____

Business Name: _____

Business Address: _____

Phone # _____ Fax # _____ e-mail _____

Mailing Address for Renewal Applications/Licenses _____

Days & Hours of Operation: _____

Seating Capacity: _____

Name of Manager _____

Federal ID #: _____ or SS # _____

I, the undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge. Furthermore, I certify under the penalties of perjury, that all taxes, fees, and fines owed to the Commonwealth of Massachusetts and to the Town of Braintree have been paid:

Applicant's Signature



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 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: BRAINTREE 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: Licensing Office Phone #: 781-794-8151

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 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.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia