

TOWN OF WARE, MA
CHECKLIST FOR NEW LICENSED PREMISE
 Contact Executive Assistant to Town Manager at 413-967-9648 ext. 101

	Common Victualler License Application per MGL Ch.140,Sec.6 (\$50.00 annual fee)
	Lodging License Application per MGL Ch. 140, Section 22 (\$50.00 annual fee)
	Entertainment License Application per MGL Ch. 140, Sec.183A (\$100.00 annual fee)
	Automatic Amusement Device License Application per MGL Ch. 140, Sec. 177A (\$60.00 annual fee per device)
	Workers' Compensation Insurance Affidavit
	Copy of Deed or Lease Agreement
	Has Town Clerk been contacted for Business Certificate?
	Signature of Town Clerk: _____ Dated: _____
	Has Building Inspector been contacted for licenses, permits or inspections?
	Signature of Building Inspector: _____ Dated: _____
	Has Board of Health been contacted for licenses, permits or inspections?
	Signature of Board of Health Director: _____ Dated: _____
	Has the Planning Board/ZBA been contacted for permits?
	Signature _____ Dated: _____
	Parcel ID: Map _____ Block _____ Lot _____
	Zoning Designation _____

The applicant understands that a public hearing may be scheduled, a legal advertisement may be placed which the applicant will be billed for, and the applicant is required to attend the scheduled public hearing for the Board of Selectmen to consider all information.

Corporation Name: _____

D/B/A _____

Address of Establishment: _____

Telephone: _____

Email: _____

Name of Manager or Contact: _____

Signature of Applicant

Date



TOWN OF WARE

Common Victualler Application

(MASSACHUSETTS GENERAL LAWS, CHAPTER 140, SECTION 6)

Application is hereby made to the Town of Ware (date): _____

CORPORATION NAME: _____

D/B/A NAME _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE: _____

NAME OF MANAGER: _____

DESCRIPTION OF
PREMISES: _____

If this license is granted, I hereby agree to abide by all of the laws of the Commonwealth of Massachusetts and all rules and regulations of the Ware Board of Selectmen. I understand and accept responsibility of ensuring that these are enforced.

Pursuant to MGL, C. 62C, s. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to MGL, C. 152, s. 25A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to Workers' Compensation Insurance.

Date

Signature of Individual or Corporate name

Corporate Officer and Title (if applicable)

DATE OF PUBLIC HEARING (to be determined): _____

Social Security Number or Federal Identification Number: _____



TOWN OF WARE
Lodging Application

(MASSACHUSETTS GENERAL LAWS, CHAPTER 140, SECTION 22)

Application is hereby made to the Town of Ware (date): _____

CORPORATION NAME: _____

D/B/A NAME _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE: _____

NAME OF MANAGER: _____

DESCRIPTION OF
PREMISES: _____

If this license is granted, I hereby agree to abide by all of the laws of the Commonwealth of Massachusetts and all rules and regulations of the Ware Board of Selectmen. I understand and accept responsibility of ensuring that these are enforced.

Pursuant to MGL, C. 62C, s. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to MGL, C. 152, s. 25A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to Workers' Compensation Insurance.

Date

Signature of Individual or Corporate name

Corporate Officer and Title (if applicable)

DATE OF PUBLIC HEARING (to be determined): _____

Social Security Number or Federal Identification Number: _____



TOWN OF WARE

Entertainment Application

(MASSACHUSETTS GENERAL LAWS, CHAPTER 140, SECTION 183A)

Application is hereby made to the Town of Ware (date): _____

CORPORATION NAME: _____

D/B/A NAME: _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE: _____

NAME OF MANAGER: _____

DESCRIPTION OF PROPOSED ENTERTAINMENT:

Type of entertainment to be offered (check all that apply):	Juke Box	Disc Jockey
Dancing by patrons	Dancing by entertainers	Recorded music
Live Music	Amplification System	Play
Moving Picture Show	Floor Show	Light Show
Theatrical Exhibition	Any other dynamic audio or visual show, whether live or recorded (please specify)	

Please list the hours that Entertainment will be offered:
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Please state whether the applicant is applying for indoor and/or outdoor entertainment (i.e., patio roof-top, etc.) If outdoor, the applicant must provide proof of ownership/lease for use of the outdoor space.

INDOOR OUTDOOR

If outdoor, please describe what efforts the applicant/business has taken to reduce the impact of NOISE from outdoor entertainment on neighboring residents and businesses.

Give a complete description of the entertainment to be offered and the premises to be licensed, including floors and location of all entrances and exits.

Seating Capacity: _____ Occupancy Number: _____

Does the applicant have a license to sell alcohol?

Yes (please attach a copy of liquor license)

No

In the previous year, has the applicant been summoned to appear before the Board of Selectmen for ANY type of hearing including but not limited to informational hearings, pre-hearing conferences, and/or final hearings?

Yes No

If yes, please describe the offense and outcome of said hearing (you may attach a separate sheet, if necessary)

In the previous year, has the applicant received a letter from the Board of Selectmen regarding any incident(s) which allegedly may have occurred on the licensed premises?

Yes No

If yes, please state the reason for the letter of warning:

Has the applicant or any partners thereof ever been denied an entertainment license?

_____Yes _____No

If yes, please explain:

Has the applicant or any partners thereof ever held, in their name or any other name, an Entertainment license which was suspended or revoked?

_____Yes _____No

If yes, please explain:

Has the applicant or any partners thereof ever held an entertainment license in their name or any other name where they were summoned to an informational meeting, or violation meeting in front of the Selectmen for ANY reason?

_____Yes _____No

If yes, please explain in detail and include any action which was taken:

Has the applicant or any partners thereof ever been convicted of a felony?

_____Yes _____No

If yes, please explain:

***Each sole proprietor or individual applicant must sign below.**

***Applications by a partnership must be signed by a majority of the partners.**

***Applications by a corporation must be signed by a duly authorized officer or designee.**

***Applications by an association must be signed by a majority of the members of the governing body.**

***Applications by an LLC must be signed by a duly authorized managing member or designee.**

False information or failure to disclose information is reason to revoke a license or deny a license application.

AFFIRMATION

Under the pains and penalties of perjury, I/we affirm that the preceding answers are true to the best of my/our knowledge and belief, and that there are no other direct or indirect interests in this license other than those indication in this application.

Signature of Applicant(s)

Social Security Number

Pursuant to Massachusetts General Laws C. 140, sec. 181: an entertainment license may be denied, suspended or revoked if it is determined that such a license would lead or leads "to the creation of a nuisance or would endanger the public health, safety or order by: (a) unreasonably increasing pedestrian traffic in the area in which the premises are located; (b) increasing the incidence of disruptive conduct in the area in which the premises are located; or (c) unreasonably increasing the level of noise in the area in which the premises are located."

If this license is granted, I hereby agree to abide by all of the laws of the Commonwealth of Massachusetts and all rules and regulations of the Ware Board of Selectmen. I understand and accept responsibility of ensuring that these are enforced.

Pursuant to MGL, C. 62C, s. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to MGL, C. 152, s. 25A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to Workers' Compensation Insurance.

Date

Signature of Individual or Corporate name

Corporate Officer and Title (if applicable)

DATE OF PUBLIC HEARING (to be determined): _____

Social Security Number or Federal Identification Number: _____



TOWN OF WARE

Automatic Amusement Device Application

(MASSACHUSETTS GENERAL LAWS, CHAPTER 140, SECTION 177A)

Application is hereby made to the Town of Ware (date): _____

CORPORATION NAME: _____

D/B/A NAME: _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE: _____

NAME OF MANAGER: _____

REQUESTED NUMBER OF MACHINES/DEVICES – see page 2 for
details: _____ (\$50.00 annual fee per device)

If this license is granted, I hereby agree to abide by all of the laws of the Commonwealth of Massachusetts and all rules and regulations of the Ware Board of Selectmen. I understand and accept responsibility of ensuring that these are enforced.

Pursuant to MGL, C. 62C, s. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to MGL, C. 152, s. 25A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to Workers' Compensation Insurance.

Date

Signature of Individual or Corporate name

Corporate Officer and Title (if applicable)

DATE OF PUBLIC HEARING (to be determined): _____

Social Security Number or Federal Identification Number: _____

ATTACH A SKETCH SHOWING THE LOCATION OF EACH MACHINE ON THE PREMISES

DESCRIBE THE TYPE OF MACHINE IN THE SPACE PROVIDED BELOW

	NAME OF GAME	LICENSEE NAME & ADDRESS	MACHINE OWNER NAME & ADDRESS	# OF METERS
1.				
2.				
3.				
4.				
5.				



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."

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
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