

# ENTERTAINMENT LICENSES

Submit completed application packet to the office of the Board of Selectmen.

Application includes:

1. General Town application form.
2. Workers' Compensation Affidavit.
3. Cover letter describing the entertainment being applied for.
4. \* Yellow Commonwealth of MA License for Public Entertainment on Sunday \* application (must complete/submit in duplicate) ONLY IF entertainment will include Sunday. Please submit check payable to the Commonwealth of MA in the amount of \$100.00 with this form.

Your application will be placed on the next available Selectmen's agenda. Please provide a daytime telephone number so that we may notify you of that date. You should plan on being present at the Selectmen's meeting to answer any questions that the Board may have.

Upon approval by the Board of Selectmen, you will receive written notification that your license may be picked up at the office of the Town Clerk, 20 Centre Street (1<sup>st</sup> floor Eastern Bank Building). At that time, please bring with you, a check payable to the Town of Middleborough in the amount of \$25 (license fee). Please note that this license is renewed annually.

If you have any questions, please feel free to contact me in the Board of Selectmen's Office at 508 946-2405.

Jackie Shanley, Confidential Secretary  
BOARD OF SELECTMEN

\* Note: Entertainment on Sunday forms must be requested from Selectmen's office. These are yellow State forms; cannot be provided for electronically.



**Town of Middleborough  
Massachusetts**

**BOARD OF SELECTMEN**

**APPLICATION FOR LICENSE  
(PLEASE TYPE OR PRINT CLEARLY)**

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

ASSESSORS MAP & LOT \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

OWNER OF PROPERTY TO BE LICENSED \_\_\_\_\_

ADDRESS OF PROPERTY TO BE LICENSED \_\_\_\_\_

ASSESSORS MAP & LOT \_\_\_\_\_

TYPE OF LICENSE REQUESTED: (Check One)

2<sup>nd</sup> Hand Furniture \_\_\_\_\_

2<sup>nd</sup> Hand Clothing \_\_\_\_\_

Class I License \_\_\_\_\_

Class II License \_\_\_\_\_

Class III License \_\_\_\_\_

Liquor License \_\_\_\_\_

Common Victualer \_\_\_\_\_

Other \_\_\_\_\_

Anticipated Start Date for Business \_\_\_\_\_

Hours requested: \_\_\_\_\_

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere? If yes, explain:

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

Signature \_\_\_\_\_

DATE OF HEARING \_\_\_\_\_

APPROVED/DENIED

**Do not write below line: To be Completed by Treasurer/Collector:**

Please inform this department, as well as the Board of Selectmen, as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant Information: Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

- I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  
 I am an employer providing workers' compensation for my employees working on this job.  Other

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary.  
 Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits 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.

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### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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**  
600 Washington Street  
Boston, Ma. 02111  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406