TOWN OF FREETOWN

BOARD OF HEALTH

3 North Main Street (P. O. Box 438)
Assonet, MA 02702
Tel. (508) 644-2202 Ext. 3

Fee: _____
Paid: _____
Cash/Check: _____
Date: _____

APPLICATION FOR A LICENSE OR PERMIT

License or permit applying for:

[ ] Food Establishment	[ ] Common Victualler	[ ] Retail Food	[ ] Mobile Food
[ ] Bakery	[ ] Temp Food*	[ ] Camp License	[ ] Trash Hauler
[ ] Massage Establishment	[ ] Tobacco Vendor	[ ] Other _____	

Year or Date to be Used: _____ Seasonal: from _____ (date) to _____ (date)

Address Where License is to be Used: _____

Business Name: _____

Hours of Operation: _____ Business Tel. No. _____

Applicant's Full Name: _____

Home Address: _____

Telephone No. _____

E-Mail: _____

_____
Organization, Church, Civic Group (if applicable):

Date of Application: _____

***Please note: If you are applying for a temporary food permit, please attach menu or list of food being sold.**
Menu/List Attached: _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and have paid all taxes required under law.

Mailing Address:

Signed under the pains and penalties of perjury,

_____ _____ _____
Signature of Individual or Corporate Officer (Print Title)

_____

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

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 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: _____ **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:_____ **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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 02-23-15

Below is a list of required documents that must be included (send what is applicable to the permit(s) you are applying for) with completed application paperwork.

Food Service
ServeSafe, Allergen awareness, Insurance
Anti-choking-if 25 seats or more

Retail Service
Insurance

Pool
American Red Cross certificate of completion-Lifeguarding/First Aid/CPR/AED, Insurance & Certified Pool Operator

Camps (Recreational)
Camp Director requirements

Tanning
Certification & Insurance

Tobacco
DOR Tobacco License-copy

Pump & Transport
Insurance/Liability

Trash Hauler
Insurance/Liability

All required paperwork (that is applicable to the permit(s) you are applying for) must be received for application to be considered complete.

TAXES MUST BE UP TO DATE

TOWN OF FREETOWN

NOTICE TO TAX COLLECTOR

TO: Treasurer / Tax Collector
Town of Freetown
3 North Main Street
Assonet, MA 02702

REQUEST FROM: **Board of Health**

DATE: _____

Please inform this department as to whether or not the following property owner/applicant owes the Town of Freetown any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Property Owner

_____
Address of Location for Permit Use

Plese stop at the Assessor's Office for the map and lot #'s.

Map _____ Lot _____

To be filled out by Tax Collector's Office:

DOES PROPERTY OWNER APPLICANT OWE TAXES AND/OR
MUNICIPAL CHARGES FOR MORE THAN ONE YEAR?

(YES or NO)

Signed by Tax Collector _____

PLEASE HAVE THIS FORM SIGNED BY TAX COLLECTOR BEFORE SUBMITTING TO BOARD OF HEALTH