



TOWN OF SPENCER, MASSACHUSETTS  
CHECKLIST FOR APPLICATION FOR  
ENTERTAINMENT LICENSE

Entertainment License

1. Check with Building Inspector to verify zoning compliance.
2. Submit the following paperwork to the Board of Selectmen's office:
  - Zoning compliance verification signed by Building Inspector.
  - Application.
  - Proof of control of premises (deed or lease).
  - Tax and insurance attestation.
  - Workers' compensation affidavit.
  - Workers' compensation insurance certificate.
3. Hearing will be scheduled at Board of Selectmen's meeting.
4. If approved, license will be granted when license is paid (\$75 for annual and \$25 for one day).



## ZONING COMPLIANCE VERIFICATION

Date of application: \_\_\_\_\_

Name of establishment to be licensed: \_\_\_\_\_

Address of establishment to be licensed: \_\_\_\_\_

Type of license(s) being applied for: \_\_\_\_\_

Type of use: \_\_\_\_\_

\_\_\_\_\_

To be filled out by the Inspector of Buildings/Zoning Enforcement Officer

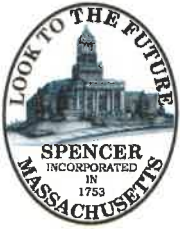
Zoning District:

Use permitted:       Yes  
                                  No  
                                  Special Permit required from ZBA

Comments/restrictions:

Signature:

Date:



TOWN OF SPENCER, MASSACHUSETTS  
APPLICATION FOR ENTERTAINMENT LICENSE

Name: \_\_\_\_\_ FID or SSN: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Address of premises: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Describe fully and specifically the proposed activities and fee schedule (if any):

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Hours of Entertainment (include occurrence) *(Please note that any Sunday entertainment requires a separate permit approved by both town and state):*

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Describe fully and specifically the premises in which the activity will be provided, including descriptions of interior space, access, egress, and parking facilities. Attach a hand-drawn sketch of the premises.

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Describe fully and specifically if any of the activities provided will take place outdoors. Attach a hand-drawn sketch of the premises.

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Will Entertainment include any of the following? Please check all that apply.

- Dancing by patrons
- Dancing by entertainers or performers
- Recorded or live music
- Use of an amplification system
- Theatrical Exhibition, play or moving picture show
- Floor show of any description
- Light show of any description
- Any other dynamic audio or visual show (live or recorded)

Please state if as part of the entertainment any part of any person will be permitted to appear exposed on the premises.

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Explain fully and specifically what action you will take to minimize any negative effect on the public safety, health, or order by the proposed activity, including but not limited to control of volume and distributing transmission of sounds:

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I understand that the SelectBoard may request further information from me relative to this application, and that the SelectBoard may schedule a hearing on this application. I further understand that a license granted pursuant to this application will authorize no other activity other than that described within said license.

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SIGNATURE

DATE

TAX & INSURANCE ATTESTATION

- A. Pursuant to M.G.L. Cg. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.
- B. Pursuant to M.G.L. Ch. 40, Sec. 57, accepted by the Town of Spencer June 22, 1990, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have paid all local taxes, fees, assessments, betterments or other municipal charges.
- C. Pursuant to M.G.L. Ch. 152, Sec. 25C, subsection (6), I certify that I now have in effect a valid policy of insurance for Worker's Compensation covering all employees of the business to which this license is issued.

\_\_\_\_\_  
\*Social Security Number

\_\_\_\_\_  
\*\*Signature of Individual or  
Corporate Name

OR

\_\_\_\_\_  
\*Federal Identification Number

By: \_\_\_\_\_  
Corporate Officer  
(if applicable)

Date \_\_\_\_\_

\*\*Licenses will not be issued unless this certification clause is signed by the applicant.

\* Your social security number or FID will be furnished to the Mass. Dept. 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 Mass. General Law, Ch. 62C, Sec. 49A.

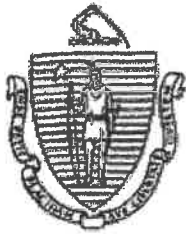
Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Name of Owner \_\_\_\_\_  
(Please print or type)

Tel. Number: Business \_\_\_\_\_ Home \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from above)



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

Print Form

**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: \_\_\_\_\_ 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

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

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)