



TOWN OF SPENCER, MASSACHUSETTS  
CHECKLIST FOR APPLICATION FOR  
GRAVEL REMOVAL LICENSE

Gravel Removal License Checklist

1. Check with Building Inspector to ensure zoning requirements are met.
2. Obtain approval from Zoning Board of Appeals and Conservation Commission.
3. Submit the following paperwork to the Board of Selectmen's office:
  - Zoning compliance verification signed by Building Inspector.
  - Application.
  - Written approval from ZBA and Conservation Commission.
  - Proof of control of premises (deed or lease).
  - Tax and insurance attestation.
  - Workers' compensation affidavit.
  - Workers' compensation insurance certificate.
  - Check, made out to Town of Spencer, in the amount of \$75 for legal ad fee. This ad will run in the *Spencer New Leader* at least ten days before the public hearing.
  - Current list of abutters from Board of Assessors, \$25 administrative fee, and total cost of the mailing. All persons owning property within a 300-foot radius of the property line of the premises subject to application shall be notified by certified mail. The Board of Selectmen's office will mail the notices to the abutters at least ten days before the hearing.
4. Attend public hearing held by Board of Selectmen.
5. If license is approved, submit a check for \$100 for license fee.



## 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

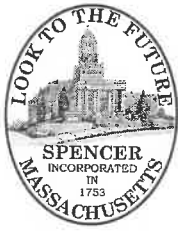
Zoning District:

- Use permitted:       Yes  
                                  No  
                                  Special Permit required from ZBA

Comments/restrictions:

Signature:

Date:



TOWN OF SPENCER, MASSACHUSETTS  
APPLICATION FOR GRAVEL REMOVAL LICENSE

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Phone number of applicant: \_\_\_\_\_

Name of business: \_\_\_\_\_

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

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

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

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

Additional details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ZBA Approval:

Conservation Commission Approval:

Board of Selectmen Approval:

Remarks:

Please submit this form to the Board of Selectmen, 157 Main Street, Spencer, MA 01562

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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

## **IMPORTANT NOTICE TO LICENSEES**

Pursuant to M.G.L. Chapter 152, Sec. 25A all employers conducting business in the Commonwealth of Massachusetts must carry a valid workers' compensation policy at all times. Please be advised that no business may be issued a license or permit without providing proof of worker's compensation coverage.

All Applicants/licensees must fill out the workers' compensation affidavit enclosed completely, checking the box which fits your situation. Please be sure to fill in insurance company name, address and phone number.

**A copy of your certificate of insurance must be attached.**

All parties must sign and date the affidavit.