



TOWN OF SPENCER, MASSACHUSETTS
CHECKLIST FOR APPLICATION FOR
INNHOLDER LICENSE

Innholder License

1. Check with Building Inspector to verify that zoning is correct.
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).
 - Map/blueprint of proposed premises.
 - 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 fee (\$30) is paid.



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

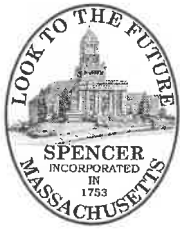
Zoning District:

Use permitted: Yes
 No
 Special Permit required from ZBA

Comments/restrictions:

Signature:

Date:



TOWN OF SPENCER, MASSACHUSETTS
APPLICATION FOR INNHOLDER 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: _____

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)

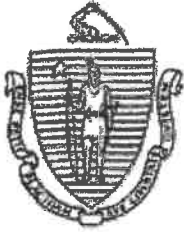
IMPORTANT NOTICE TO LICENSEES

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.



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>Are you an employer? Check the appropriate box:</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>Business Type (required):</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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other _____</p>	
Contact Person: _____	Phone #: _____