



TOWN OF SPENCER, MASSACHUSETTS
CHECKLIST FOR APPLICATION FOR
JUNK DEALER LICENSE

Junk Dealer License

1. Check with Building Inspector to verify that zoning is allowed.
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 fee 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

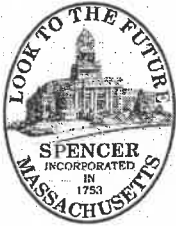
No

Special Permit required from ZBA

Comments/restrictions:

Signature:

Date:



TOWN OF SPENCER, MASSACHUSETTS
APPLICATION FOR JUNK DEALER'S LICENSE

Name of applicant: _____

Address of applicant: _____

Phone number of applicant: _____

Name of business: _____

Doing business as: _____

Address of premises: _____

FID or SSN: _____

Manager's name: _____

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.

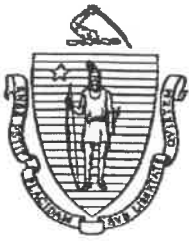
Name of Business _____

Address _____

Name of Owner _____
(Please print or type)

Tel. Number: Business _____ Home _____

Mailing Address _____
(If different from above)



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

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 a 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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 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.

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

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

Fax # 617-727-7749

www.mass.gov/dia

Town of Spencer
Second-hand Article Receipt

Date & Time of Purchase _____

Name of Seller _____ Seller's Phone # _____

Address of Seller _____

Buyer's Name _____ Buyer's Phone # _____

Buyer's Business Names & Address _____

Amount Paid/Barter _____

*Indicate description of article if barter

Description of Article

*Attach receipt for purchases involving multiple articles

Attach Photocopy of Seller's Identification