

AGENDA DATE: _____

APPLICATION FEE: \$100.00 _____



**CITY OF QUINCY
BOARD OF LICENSE COMMISSIONERS
1305 HANCOCK STREET
QUINCY, MA. 02169
PHONE-617-376-1134 FAX 617-376-1139**

**PLEASE COMPLETE APPLICATION AND RETURN TO THE LICENSE BOARD TO SCHEDULE AN
AGENDA DATE.**

APPLICANTS NAME:
SIGNATURE:
HOME ADDRESS:
D/B/A
ADDRESS:
TYPE OF LICENSE:
PROPOSED HOURS OF OPERATION:
PROPOSED MANAGER:
FEDERAL I.D.

PLEASE NOTE ALL APPLICANTS MUST COMPLETE ALL THE FOLLOWING ITEMS:

MEET WITH WARD COUNCILLOR
COMPLETE ENTIRE APPLICATION
ALL USED CAR DEALERS MUST PRODUCE \$25,000 SURETY BOND

CITY OF QUINCY BOARD OF LICENSE COMMISSIONERS
617-376-1134
PUBLIC HEARING REQUEST FORM

NAME OF PROPOSED BUSINESS _____

TYPE OF LICENSE _____

LOCATION _____ PICTURE? _____

BUILDING OWNER'S SIGNATURE _____

APPLICANT _____ TELEPHONE # _____

INSPECTIONAL SERVICES DEPARTMENT
55 Sea Street
617-376-1455

ITEM	APPLICABLE	NON-APPLICABLE	SUBMITTED
ZONING ISSUES			
BUILDING PERMIT REQUIRED			
SIGN PERMIT REQUIRED			
OUTSTANDING PERMITS IN ANY DEPARTMENT?			
ASSESSOR'S-TAX TITLE Attach assessor's print-out			
FIRE DEPARTMENT INSPECTION REQUIRED			
RECOMMENDATIONS:			
SPECIAL EVENTS REVIEW?			

Reviewed by: _____ Date: _____

SCHEDULE LICENSE BOARD HEARING? YES _____ NO _____

HEALTH DEPARTMENT
440 East Squantum Street
617-376-1273

	SUBMITTED?	YES	NO
PROPOSED MENU?			
FLOOR PLAN ?			

- SHOW EQUIPMENT IN FOOD PREP AREA
- SHOW STORAGE AREAS
- SHOW CLEANING AND SANITATION EQUIPMENT
- SHOW FINISH COVERINGS ON WALLS FLOORS AND CEILINGS
- SHOW DUMPSTER LOCATION

REVIEWED BY: _____ DATE: _____

SCHEDULE LICENSE BOARD HEARING? YES _____ NO _____



AGENDA DATE: _____

NAME: _____

ADDRESS: _____

**PAUL KEENAN
POLICE CHIEF**

Name of requesting agency: _____

Name and title of individual making request for records: _____

Purpose for which the information is being requested: _____

Identification of person about who request is being made _____

Full name

Address

Date of birth

Social Security #

Telephone #

I swear or affirm under the penalties of perjury that all statements and representations made on this record request form are true and complete to the best of my knowledge, that I am authorized to make this record request and that this record request is otherwise in accord with the above named agency's certificate for access to criminal offender record information.

Signature: _____

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PLEASE NOTE THE FOLLOWING:

IN ACCORDANCE WITH PROVISIONS OF MASSACHUSETTS GENERAL LAW 138 CHAPTER 62C, § 49A. NO LICENSE OR PERMIT WILL BE ISSUED TO ANY INDIVIDUAL OR BUSINESS OPERATING IN THE CITY UNLESS SAID APPLICANT HAS CERTIFIED IN WRITING, UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE APPLICANT HAS COMPLIED WITH ALL LAWS OF THE COMMONWEALTH OF MASSACHUSETTS RELATING TO TAXES INCLUDING LOCAL TAXES, REAL PROPERTY AND PERSONAL PROPERTY, UNDER THE PROVISIONS OF CHAPTER 59. FAILURE TO PROPERLY EXECUTE SUCH CERTIFICATE SHALL BE CONSIDERED GROUNDS TO REVOKE SUCH LICENSE OR PERMIT.

CERTIFICATE OF COMPLIANCE:

I, _____

DOING BUSINESS AS: _____

LOCATION: _____

CERTIFY THAT ALL STATE AND LOCAL TAXES HAVE BEEN PAID TO DATE:

SIGNATURE

DATE: _____

CONFIRMED:

TREASURER/COLLECTOR: _____
SIGNATURE

PLEASE HAVE THIS FORM SIGNED BY THE TREASURER/COLLECTOR



PAUL KEENAN
POLICE CHIEF

EMERGENCY BUSINESS CONTACT FORM

To help serve the business community better, the Quincy Police Department is updating all emergency business contact information. The information you provide will enable the Police to contact you or a representative of your business should a problem occur. This information is strictly confidential and will be stored in the database of the Police computer system. We would appreciate your completing this form as accurately as possible, and returning it to the above address. Thank you.

IT IS VERY IMPORTANT THAT YOU NOTIFY THE QUINCY POLICE COMMUNICATIONS DIVISION WHENEVER ANY OF THIS INFORMATION CHANGES.

DATE: _____

COMPANY NAME: _____

TELEPHONE # _____ FAX # _____

ADDRESS: _____

ORDER OF PERSONS TO BE CONTACTED:

NAME:	ADDRESS:	TELEPHONE #
1. _____		
2. _____		
3. _____		

USE BACK OF FORM FOR ADDITIONAL INFORMATION

After business hours does your business have:

Alarms: _____ Lights: _____ Guard _____ Guard Dog: _____

Does your business contain any material or condition that could be hazardous to police or fire department personnel who may have to enter after business hours? If so please explain:

Use additional sheets if necessary.



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 #: _____

- 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 #: _____

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