



AGENDA DATE: _____

FEE: _____

CITY OF QUINCY
BOARD OF LICENSE COMMISSIONERS
1305 HANCOCK STREET
QUINCY, MA. 02169
PHONE-617-376-1134 FAX 617-376-1082

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

PLEASE NOTE ALL APPLICANTS MUST COMPLETE ALL THE FOLLOWING ITEMS:

1. MEET WITH WARD COUNCILLOR.
2. COMPLETE THE DEPARTMENTAL INSPECTION SIGN OFF SHEET.
3. ALL COMMON VICTUALERS MUST SUBMIT A FOOD PLAN REVIEW.
4. ALL DOWN TOWN APPLICANTS MUST MEET WITH QUINCY CENTER BUSINESS & PROFESSIONAL ASSOCIATION. 617-471-3232.
5. ALL GAS APPLICANTS MUST NOTIFY ABUTTERS BY CERTIFIED MAIL AND ADVERTISE 7 DAYS PRIOR TO HEARING DATE.
6. UPON THE COMMISSIONS APPROVAL MASSACHUSETTS STATE LAW REQUIRES A **BUSINESS CERTIFICATE AND WORKERS COMPENSATION INSURANCE** FILED WITH THE CITY OF QUINCY.
7. ALL USED CAR DEALERS MUST PRODUCE A **\$25,000.00 SURETY BOND.**
8. CITY OF QUINCY APPLICATION FEE: **\$100.00 TO BE PAID BEFORE HEARING DATE.**
9. ALL APPLICANTS MUST HAVE A **CERTIFICATE OF COMPLIANCE SIGNED BY THE CITY OF QUINCY TREASURER/TAX COLLECTOR.**

PLEASE RETURN THE COMPLETED APPLICATION TO THE LICENSE BOARD TO SCHEDULE AN AGENDA DATE.

WARD COUNCILLORS

WARD 1	MARGARET LAFOREST	617-376-1351
WARD 2	BRAD CROALL	617-376-1352
WARD 3	KEVIN COUGHLIN	617-376-1353
WARD 4	BRIAN PALMUCCI	617-376-1354
WARD 5	KIRSTEN HUGHES	617-376-1355
WARD 6	BRIAN MCNAMEE	617-376-1356

**PLEASE ASK LICENSE BOARD WHICH WARD COUNCILLOR REPRESENTS
YOUR PROPOSED SITE.**

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 _____



OFFICE USE ONLY
Agenda Date: _____
Name: _____
Address: _____

PAUL N. 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 whom 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: _____



PAUL N. 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.

**CITY OF QUINCY
BOARD OF LICENSE COMMISSIONERS
1305 HANCOCK STREET
QUINCY MA 02169**

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

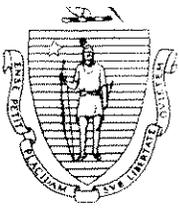
DATE: _____

CONFIRMED:

TREASURER/COLLECTOR: _____

SIGNATURE

PLEASE HAVE THIS FORM SIGNED BY THE TREASURER/COLLECTOR



**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 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."

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