



License Fee: \$100.00
Processing Fee: \$10.00
\$110.00
Optional Outdoor Dining 100.00
Optional Extended Hours 10.00

Total Paid: \$_____

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF BELMONT**

INITIAL APPLICATION FOR COMMON VICTUALLER LICENSE

Business Owner Name (Officer's Name & Title if a corporation) _____

Legal Business Name (Corp, LLC, etc.) _____

Doing Business As (if different) _____

Business Address _____

The Establishment shall operate as: _____ Sole Ownership _____ Partnership _____ Corporation

Note: (A) If a corporation, state full names and addresses of principal officers making this application
(B) If a co-partnership, information must be provided on each partner

Applicant (1) Name _____

Home Address _____

Phones (Business) _____ (Cell) _____ (Home) _____

Email address: _____

Applicant (2) Name _____

Home Address _____

Phones (Business) _____ (Cell) _____ (Home) _____

Email address: _____

DESCRIPTION OF APPLICANT (1)

DESCRIPTION OF APPLICANT (2)

Name_____

Name_____

Born in the U.S. YES NO

Born in the U.S. YES NO

Place of Birth_____

Place of Birth_____

Date of Naturalization_____

Date of Naturalization_____

Male or Female_____Age_____

Male or Female_____Age_____

Date of Birth_____

Date of Birth_____

Social Security No._____

Social Security No._____

Corporate Information

Name	Home Address	Date of Birth	%Ownership or Number of Shares
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President_____

Secretary_____

Treasurer_____

Do you own the property? Yes_____ No_____

If No: Name of property owner _____

Owner's Address_____Telephone Number_____

If leasing premises \$_____per month Dates of Lease_____

Will your restaurant be serving:	Breakfast		Lunch		Dinner	
	Yes	No	Yes	No	Yes	No

Hours of Operation* Day(s) of the week _____ Hours from _____AM to _____PM

Day(s) of the week _____ Hours from _____AM to _____PM

Day(s) of the week _____ Hours from _____AM to _____PM

*Note: Extended Hours Permit is required if open before 6:00am or after 11:00pm.

Capacity Floor Space_____Sq.Ft. Parking Capacity _____spaces

Number of Seats _____ Number of Customers Waiting _____ Number of Staff_____

Is there any major remodeling, redecorating or building on the premises in preparation for this business?
Yes _____ No _____ Estimated construction completion date _____

Have you already begun working with the Office of Community Development? Yes ____ No ____

Have you already begun working with the Health Department? Yes ____ No ____

Date expected to receive Occupancy Permit _____

APPLICANT'S RESUME

Food Business Experience of Applicant(s)

Dates From _____ to _____	Company _____
Employee _____	Location _____
Sole Owner _____	Type Food _____
Partnership _____	Number of Employees _____
Corporation _____	

Dates From _____ to _____	Company _____
Employee _____	Location _____
Sole Owner _____	Type Food _____
Partnership _____	Number of Employees _____

List any other information that you feel will assist the review of the application

Has any person named in this application had any direct or indirect beneficial or financial interest in any other license granted under M.G.L. Chapters 138 or 140? If yes, state the following for each person/entity:

Name	Type of License	License Address	Description of Interest
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Has any person named in this application ever had any license revoked or cancelled? Yes ____ No ____
If yes, state for each license the date and reasons why the license was revoked or cancelled:

Has any person named in this application ever been convicted of violating any state or federal law?
(exclude minor traffic violations) Yes _____ No _____

If Yes, provide details. _____

REFERENCES

Personal _____

Address _____ Phone _____

Prior Employer _____

Address _____ Phone _____

Bank _____

Address _____ Phone _____

Name of Attorney, if any, filing application on behalf of licensee:

Name _____ Telephone _____

Office Address _____ Email address _____

I/we hereby agree to conform in all respects to the conditions governing such License as printed in the Bylaws of the Town, and such other rules and regulation as the Board of Selectmen may establish. With the signing of this application, the applicant acknowledges that:

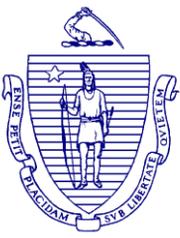
- (A) it is understood that the Board is not required to grant the license.
- (B) that the license is subject to revocation if the holder of the license does not comply with Town Bylaws or the Rules and Regulation of the Board
- (C) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and furthermore, any work done is done at the applicant's risk, and
- (D) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said licensee will be deemed to be an application for a new license (subject to the rules and regulation herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty (30) day notice of his intention to sell same before such application will be acted upon by the Selectmen.
- (E) any intentional false answer to any of the above questions will be just cause for refusal to grant or for revocation of any license issued as a result of this application.

Signed and subscribed to under Penalty of Perjury this ____ Day of _____, 20____.

Signature Applicant (1) _____

Signature Applicant (2) _____

This application will not be considered unless it is complete and includes two attachments (Workman's Compensation and MA Department of Revenue REAP).



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 #: _____

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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.

-
- Signature of Individual or Corporate Name (Mandatory)

-
- By: Corporate Officer (Mandatory, If Applicable)

**Social Security # (Voluntary) or
Federal Identification Number

- This license will not be issued unless this certification clause is signed by the applicant.

**Your social security number will be furnished to the Massachusetts Department 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 c. 62C s. 49A.

License Number: _____

Optional Extended Hours

Additional Fee: \$10.00



**TOWN OF BELMONT
REQUEST FOR EXTENDED HOURS LICENSE
(IF OPEN BEFORE 6:00 A.M. OR AFTER 11:00 P.M.)**

Name of Business _____

Address of Business _____

Requested Regular Hours _____

OR

Special One Day Event (Date/Hours) _____

Applicant Name (Print) _____

Applicant Signature _____

Applicant, please do not write below this line.

This is to certify that the above business is hereby granted a license to operate during extended hours as described above at the above address only, and this license will expire on December 31, 2015, unless sooner suspended or revoked for violation of the laws of the Town of Belmont.

This license is issued in conformity with Belmont Bylaw §60-900 (F). In testimony whereof, the undersigned have hereunto affixed their official signatures.

Approved or Disapproved

(Circle one)

Chief of Police, Belmont, Massachusetts

Date: _____

Approved or Disapproved

(Circle one)

by the Board of Selectmen

Date: _____



TOWN OF BELMONT

REQUIREMENTS FOR OUTDOOR DINING ON PUBLIC SIDEWALKS

Applications need to be submitted at least 30 days prior to the commencement of outdoor seating. Outdoor sidewalk seating permitted April 15 – October 15. Licenses must be renewed yearly.

CHECKLIST FOR OUTDOOR DINING APPLICATION

- ☼ Signed and dated application form
- ☼ Proof of Business Ownership
- ☼ Copy of Town of Belmont issued Common Victualler license
- ☼ If premises are leased, copy of lease and written permission by building owner
- ☼ Permit to Operate a Food Service Establishment issued by the Belmont Board of Health
- ☼ Professionally drawn plan and all supporting documents containing the information required in order to make a decision as to the license and shall also include a plan for outdoor lighting if any is proposed
- ☼ If applicant business possesses an Alcohol License
 - TIPS or alcohol server training certificates for all managers and servers
 - Alcohol control plan including mangers plan to ensure alcohol remains only on the licensed premises and not in the sidewalk area
- ☼ Two photos of location where sidewalk seating will be placed in relation to establishment
- ☼ Non-refundable yearly application fee of \$100 (cashiers check) payable to *Town of Belmont*

CHECKLIST AFTER APPROVAL OF APPLICATION

- ☼ Certificate of Insurance naming *Town of Belmont* as additional insured
- ☼ Final Photograph of approved sidewalk seating

1. Business Applicant

Business Name & Address _____

Business Owner _____

Business Manager _____

Contact information (mailing address, phone number, email address)

(Please see reverse side)

2. Property Location own lease

If lease, please provide a letter of approval from the owner

Owner Contact information (name, mailing address, phone number, email address)

3. Do you possess a current Town of Belmont Common Victualler license? YES___ NO ___

4. Do you possess a current License for Sale of Alcoholic Beverages? YES ___ NO ___
If yes, alcohol may NOT be served at the outdoor sidewalk seating. Further, you will need to submit a plan/strategy for control of alcohol consumption at sidewalk seating.

5. Have you had a license revoked, suspended or fined by the Town of Belmont or the Commonwealth of Massachusetts within the past 12 months? YES ___ NO ___
If yes, please explain:

6. (a) Current indoor seating capacity _____
(b) Proposed seating capacity for outdoor sidewalk seating: _____

7. Days and Hours of operation:

I attest that I have read and understand the *Town of Belmont Regulations for Outdoor Dining Licenses utilizing Public Sidewalks* and agree to uphold these regulations.

Applicant

Date

Submit application with \$100 to: Town Clerk
455 Concord Avenue
Belmont, MA 02478