

AUCTION

AUCTION PERMIT

1. **Application must contain name of applicant, address and license number of the auctioneer, hours which the auction is to be conducted, location of auction and description of goods to be auctioned.**
2. **Board has six business days of the filing of the application to either approve or deny the permit. Failure to act within six business days shall constitute approval of the application. (MGL Ch. 100, sec.10)**
3. **Copy of signed Tax Affidavit of the Auctioneer, copy of the Auctioneer's License from the Division of Standards.**
4. **Worker's Compensation Insurance Affidavit/Worker's Compensation Policy**
5. **Comments from Police Department**
6. **\$25.00 fee for one day auction permit**

updated 5/25/2006

APPLICATION FOR LICENSE OR PERMIT



TOWN OF WALPOLE COMMONWEALTH OF MASSACHUSETTS

DATE: _____, 200__

I, _____, hereby make application to the
Board of Selectmen of the Town of Walpole, Massachusetts for a

Type of License: Auction \$25.00

Date: _____

Hours: _____

License/Permit to be made out in the name of _____

Address _____

Is this your first application for a license/permit? _____

Is this a renewal of a license/permit? _____

SIGN YOUR NAME IN FULL: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE: _____

Application

Approval Date: _____

Restrictions: _____



**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 #: _____

TAX AFFIDAVIT

Pursuant to M.G.L. Ch. 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.

Social Security Number or Federal
Identification Number

Signature of Individual or
Corporate Name

By: _____
Corporate Officer
(if applicable)