

## **COMMON VICTUALLER**

### **REQUIREMENTS FOR A COMMON VICTUALLER'S**

1. Applicant is referred to Building Inspector and Board of Health to check for compliance with the Zoning/Building requirements and Health Rules and Regulations of their offices.
2. License application/Tax Affidavit, Worker's Compensation is to be filled out and a copy of Worker's Compensation Policy submitted to the Selectmen's Office.
3. Floor plan of premises, and Affidavit that applicant will comply with the floor plan as submitted.
4. Letter or copy of lease agreement with owner of property.
5. Copy of Business Certificate as filed with Town Clerk or a copy of Corporation papers.
6. Bank/Credit Reference obtained from bank.
7. Applicant must meet with the Board of Selectmen
8. \$75.00 fee per year and is not pro rated. Check should be made payable to the Town of Walpole.
9. All statutory requirements as provided in the General Laws must be complied with. This license is subject to revocation for cause.

11/15/2006

# 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: Common Victualler \$75.00

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: \_\_\_\_\_

**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)



**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 #: \_\_\_\_\_