

## LIQUOR LICENSE REQUIREMENTS

All requirements set forth must be completed prior to filing with the Board of Selectmen's office. Incomplete applications are not accepted.

1. The Application forms are filled out on the ABCC web Page at [www.mass.gov/abcc](http://www.mass.gov/abcc). printed and submitted to the Board of Selectmen (Licensing Authority)
2. \$200 Certified Check payable to the Alcoholic Beverage Commission or paid on line to the ABCC during the application process.  
\$100 Check made payable to the Town of Walpole  
\$55.00 Check made payable to the Walpole Times for the Advertisement
4. Articles of Organization (if a Corporation) as filed with the Mass. Secy. Of State (must contain the Seal of the Secretary of State), vote of Board of Directors.
5. If the applicant is a partnership, a copy of the partnership must be included.
6. If the applicant is a Corporation, a vote of the Board of Directors of the Corporation appointing a MANAGER must be included. All managers must be United States citizens, and must be at least 21 years of age. (Copy of Birth Certificate required.)
7. **ABCC FORM A** - Filled out on line. If a Corporation, the manager must complete the form. If a partnership, each partner must complete the form. If an individual, the individual must complete the form.
8. Advertised in local newspaper. The LLA must fill in on the Form 43 the date of the advertisement and the name of the publication.
9. Abutters must be notified by Certified Mail. For purposes of liquor license applications (Ch. 138, Sec. 15A), an abutter is a person whose property directly touches the proposed premises –not someone across the street. The Applicant is required to submit the request to the Assessor's office and allow for at least 10 days for completion of said list.
10. Churches, synagogues, hospitals and public or private elementary or secondary schools located within 500 feet of the premises of a liquor serving establishment must be notified by certified mail. In all cases, whether the license is protested or not, the licensing authority must determine in writing after the hearing that the premises is not detrimental to the educational and spiritual activities of such school or church, if approving the application.
11. Copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed new premises.
12. If the applicant is leasing the premises a copy of the lease must be included.
13. Purchase and sale documents, if a transfer.

LIQUOR

TOWN OF WALPOLE  
REQUEST FOR ABUTTERS LIST

To: Board of Assessors

I request an Abutters List (Direct Abutters) for the Board of Selectmen

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location of Property \_\_\_\_\_

Parcel ID of Locus: \_\_\_\_\_

I understand that I am to pay a Fee of \$1.50 per abutter to the Board of Assessors for this list.

The following items are included with this package:

- Abutters Request Form
- Abutters List
- 2 Sets of Mailing Labels



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

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits 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.

### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406

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 of Federal  
Identification Number

\_\_\_\_\_  
Signature of Individual or  
Corporate Name

by: \_\_\_\_\_  
Corporate Officer  
(If applicable)