



# City of Fall River Massachusetts

## Office of the City Clerk

**ALISON M. BOUCHARD**  
CITY CLERK

### APPLICATION FOR LICENSE

**INÊS LEITE**  
ASSISTANT CITY CLERK

Date: \_\_\_\_\_

Type: (check one)

Billiard/Pool table	_____	Number of tables	_____
Bowling alley	_____	Number of alleys	_____
Hawker	_____		
Pawnbroker	_____	Bond must be attached	_____
Second hand	_____	Type of merchandise	_____
Junk Collector	_____		_____
Junk Yard	_____	Number of abutters	_____

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

**APPLICANT:** Fill in the **ONE** appropriate section:

1. **IF INDIVIDUAL:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Residence: \_\_\_\_\_ SS # \_\_\_\_\_

Signature \_\_\_\_\_

2. **IF PARTNERSHIP or DBA:**

1st Person: \_\_\_\_\_ DOB \_\_\_\_\_

Residence: \_\_\_\_\_ SS # \_\_\_\_\_

2nd Person: \_\_\_\_\_ DOB \_\_\_\_\_

Residence: \_\_\_\_\_ SS # \_\_\_\_\_

Signature: \_\_\_\_\_

3. **IF CORPORATION:** (All information must be same as recorded  
in the last filing of Secretary of State's Office)

Full Name of Corporation: \_\_\_\_\_

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

Tax I.D. Number \_\_\_\_\_

Signature of authorized corporate officer:

\_\_\_\_\_ Title \_\_\_\_\_

4. Zoning approval: \_\_\_\_\_, Building Inspector  
Application fee \$ \_\_\_\_\_ (Advertising)



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street  
 Boston, MA 02114  
 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**

1 Congress Street  
Boston, MA 02114

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

DATE \_\_\_\_\_

**SECTION A.**

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
**\*\*Social Security or Federal ID Number**

\_\_\_\_\_  
**\*Signature of individual  
or Corporate name**

**Please check the following:**

INC.

By: \_\_\_\_\_  
**\*Corporate Officer (if applicable)**

(Please print)

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SECTION B.**

I also certify that I have, to the best of my knowledge and belief, paid all accounts receivable owed to the City of Fall River, including but not limited to, real and personal property taxes, motor vehicle excise taxes, parking fines, water and sewer user charges and other license/permit fees, emergency medical service charges or other charges or fees.

\_\_\_\_\_  
**\*Signature of individual or Corporate Officer**

**\*Approval of a contract or other agreement will not be granted 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. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended.**

**\*PLEASE COMPLETE FORM IN BLACK INK ONLY\***

**INSTRUCTIONS \$50.00 FILING FEE \$10.00 CERT. COPY**

*Commonwealth of Massachusetts*

*City of Fall River - City Clerk Department*

*Business Certificate No.* \_\_\_\_\_ *Expires on* \_\_\_\_\_

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws as amended, the undersigned hereby declare(s) that the business of:

\_\_\_\_\_ **DESCRIPTION OF BUSINESS** \_\_\_\_\_

Known as: \_\_\_\_\_ **NAME OF BUSINESS** \_\_\_\_\_

Conducted at: \_\_\_\_\_ **BUSINESS ADDRESS \*\*(MUST BE LOCATED IN FALL RIVER)** \_\_\_\_\_

Mailing address: \_\_\_\_\_ **CURRENT MAILING ADDRESS** \_\_\_\_\_

Business telephone: \_\_\_\_\_ **CURRENT BUSINESS TELEPHONE** \_\_\_\_\_

By the following named person(s):

<b>Full Name</b>	<b>Residence</b>	<b>Home Telephone</b>
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\_\_\_\_\_ **OWNER'S NAME ADDRESS HOME OR CELL PHONE** \_\_\_\_\_

**Signed**

\_\_\_\_\_ **OWNER'S SIGNATURE (MUST BE NOTARIZED)** \_\_\_\_\_

On \_\_\_\_\_ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Public or Authorized Person

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed every four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300.00) for each month during which such violation occurs.

**\*PLEASE COMPLETE FORM IN BLACK INK ONLY\***

**NOTICE**

I/We understand that filing a Business Certificate is **NOT** a license from the City Clerk, nor any or it's agents or employees, to operate a business.

I/We understand that the filing of this Business Certificate **DOES NOT** necessarily mean that the business is in compliance with the Zoning Laws of the City.

I/We understand that this filing is made pursuant to Chapter 110 of the Massachusetts General Laws and is valid for a period of four (4) years from the date of acceptance for filing.

Signed

**OWNERS' SIGNATURE - MUST BE NOTARIZED**

\_\_\_\_\_  
Sole Proprietor, Partners or Corporate Officer

Date: \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_  
who solemnly swears under oath that the above statements are understood and are true to the best of their knowledge.

\_\_\_\_\_  
Notary Public or Authorized Person

My Commission Expires \_\_\_\_\_

\*PLEASE COMPLETE FORM IN BLACK INK ONLY\*

*Commonwealth of Massachusetts*

*City of Fall River - City Clerk Department*

*Business Certificate No.* \_\_\_\_\_ *Expires on* \_\_\_\_\_

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws as amended, the undersigned hereby declare(s) that the business of:

\_\_\_\_\_

Known as: \_\_\_\_\_

Conducted at: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

By the following named person(s):

<b>Full Name</b>	<b>Residence</b>	<b>Home Telephone</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

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Signed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sole Proprietor, Partners or Corporate Officer

Date: \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_  
who solemnly swears under oath that the above statements are understood and are true to the best of their knowledge.

\_\_\_\_\_  
Notary Public or Authorized Person

My Commission Expires \_\_\_\_\_