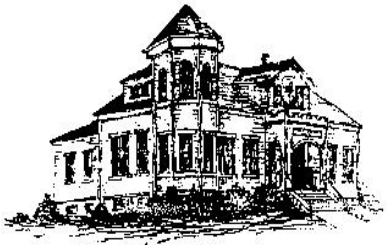
OFFICE OF THE
SELECT BOARD
TOWN OF DUNSTABLE
TOWN HALL, 511 MAIN STREET
DUNSTABLE, MA 01827-1313
(978) 649-4514 X224
e-mail select-board@dunstable-ma.gov



## COMMON VICTUALLER LICENSE APPLICATION PROCESS

Every food service establishment with the capabilities for cooking, preparing, and serving food and which provides seating
for the immediate consumption therein, is required to have a Common Victualler License.
Please use the checklists below to help organize your application materials to apply for a Common Victualler License.

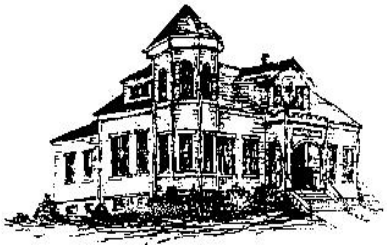
**Town of Dunstable Application Packet:**

- ☐ $25 non-refundable application fee
  (NOTE: Application fee must be in the form of a check or money order made payable to TOWN OF DUNSTABLE)
- ☐ Town of Dunstable General License Application
- ☐ Common Victualler License Application Addendum
- ☐ Business Certificate (NOTE: A Business Certificate can be obtained from the Town Clerk's Office)
- ☐ Criminal Offender Record Information (CORI) Acknowledgment Form (NOTE: This 2 page form needs to be completed by the applicant and executed *in person* at the Select Boards's Office with a copy of the applicant's driver's license and certified birth certificate or passport)
- ☐ Tax Form
- ☐ Worker's Compensation Affidavit
- ☐ Copy of worker's compensation policy declaration page

**License Approval & Renewal**

Upon prior approval from the Police Department, Fire Department, Health Department, Building Department, and Town Treasurer, this license application requires final approval of the Select Board, as licensing authority. Once approved, this license is subject to an annual renewal by December 31st of each calendar year.

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## GENERAL LICENSE APPLICATION

| | |
|---|---|
| **BUSINESS/ENTITY NAME:** | |
| **DBA:** | |
| **PREMISE ADDRESS:** | |
| | |
| **MANAGER/CONTACT NAME:** | |
| **EMAIL:** | |
| **PHONE:** | |
| **BUSINESS MAILING ADDRESS:** (if different from premise) | |
| | |
| **FID/SS#:** | |

**Please select the license type for which you are applying below.**

| ✓ | License Type | Fee |
|---|---|---|
| | *Common Victualler | $35.00 |
| | *Liquor License – All Alcohol on Premise | $3,000 |
| | *Off Premise | $2,000 |
| | *Liquor License – Beer & Wine on Premise | $1,500 |
| | *Off Premise | $1,000 |
| | *Liquor License – One Day | $100 |

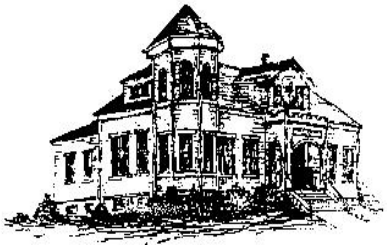
I certify under the penalties of perjury, that the above information is true, and that named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

**Signature:**_____ **Date:**_____

Upon review of the Licensing Agent, this renewal application requires Select Board approval as Licensing Authority.

**Select Board SIGNATURE:**_____ **DATE:**_____

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## SECTION 1: REQUIRED PLAN

1. Submit a detailed, scaled plan of the premises showing the following:
    - Square footage
    - Number of entrances/exits
    - Number of rooms
    - Number of tables
    - Number of seats
    - Storage area
    - Kitchen area
    - Entertainment area

***PLEASE NOTE:*** *If the plan is submitted in any form larger than 8.5"x11", the applicant must submit 12 copies. No rolled plans will be accepted. All plans must be folded to fit 8.5"x11".*

## SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES

2. Provide written description the premise depicted in the attached plan including square footage; type of building; number of entrances/exits; number of rooms; number of tables; number of seats for both indoor and, if applicable, outdoor areas; storage area; kitchen area; entertainment area.

_____

_____

_____

_____

_____

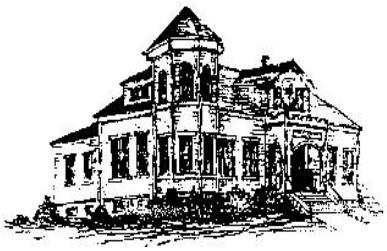
_____

## SECTION 3: HOURS OF OPERATION

3. Hours of Operation:

| | | | | | | |
|---|---|---|---|---|---|---|
| Monday: | From | : | am/pm | Until | : | am/pm |
| Tuesday: | From | : | am/pm | Until | : | am/pm |
| Wednesday: | From | : | am/pm | Until | : | am/pm |
| Thursday: | From | : | am/pm | Until | : | am/pm |
| Friday: | From | : | am/pm | Until | : | am/pm |
| Saturday: | From | : | am/pm | Until | : | am/pm |
| Sunday: | From | : | am/pm | Until | : | am/pm |

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**SECTION 4: DESCRIPTION OF FOOD**

4. Describe the type of food served.

5. What meals will be served?
   ☐ Breakfast ☐ Lunch ☐ Dinner

6. Will takeout service be offered?
   ☐ Yes☐ No

7. Will delivery service be offered?
   ☐ Yes☐ No

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

**This form is not to be faxed. Please return form to organization.**

# Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. _____ has authorized
(Organization)
_____ to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Consumer Reporting Agency)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact _____
(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also undertand that the
_____, on behalf of
(Consumer Reporting Agency)
_____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
*Signature of CORI Subject* *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ___ ___ -- ___ ___ ___ ___ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

**Current Address**

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____

*Print Name of Verifying Employee*

_____ _____

*Signature of Verifying Employee* *Date*

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# TAX COMPLIANCE AFFIDAVIT

Licensee Name: _____
*(Name of corporate entity or name of sole proprietor or partners)*

D/B/A: _____

Premises Address: _____

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 complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

_____
Federal Identification Number or Social Security Number
(*enter the number used when filing taxes for the business*)

_____
Signature

_____
Print Name and Title

_____
Date

*The Commonwealth of Massachusetts*
*Department of Industrial Accidents*
*Office of Investigations*
*Lafayette City Center*
*2 Avenue de Lafayette, Boston, MA 02111-1750*
*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 § 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 (check 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**
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia