

COMMON VICTUALLER/FOOD VENDOR LICENSE APPLICATION REQUIREMENTS

1. Town Manager/Board of Selectmen Office:
 - a. Submit completed Common Victualler/Food Vendor application form
 - b. Submit check in the amount of \$100 made out to Town of Winchester
 - c. Submit floor plan
 - d. Submit signed Commonwealth of Massachusetts Form 460 (Certifying under the penalties of perjury that the applicant has filed all state tax returns and paid all state taxes required.
 - e. Applicant will appear before Board of Selectmen once the Board of Health, Building Department, Police Department, Fire Department and Town Treasurer have reviewed the application and submitted their comments
 - f. Submit completed Workers' Compensation Insurance Affidavit

2. Board of Health
 - a. Submit completed Board of Health application form
 - b. Complete plan review
 - c. Prepare for Board of Health Inspection
 - d. Applicant will appear before Board of Health to apply for Food Service Permit (separate from Board of Selectmen issued license)

3. Building Department
 - a. Provide floor plan and other necessary materials
 - b. Prepare for Building Department Inspection

4. Fire Department
 - a. Fire Department must inspect premises and will report to the Board of Selectmen

5. Police Department
 - a. Police Department will do a background check, interview the applicant and provide recommendations to the Board of Selectmen

6. Town Treasurer
 - a. Town Treasurer will alert us of any outstanding taxes or liens on the property.

****Note:** If your business is not incorporated or doing business under a name other than a corporate name, you must file a Business Certificate in the Office of the Town Clerk.

5. Experience of Applicant:

- a. Present job: _____
- b. Location: _____
- c. Description of Duties: _____

- d. Dates of Employment: _____
- e. Prior Experience: _____

6. Description of Proposed Food Service Business: (Note: Floor Plan must be submitted with application)

- a. Which meals will be served: _____
- b. Hours of Operation: _____
- c. Floor space: _____ sq. ft.
- d. Type of food: _____
- e. Method of Food Preparation _____

- f. Cooking facilities _____
- g. Number of Employees _____
- h. Seating Capacity _____
- i. Take Out Service _____ Yes _____ No

7. References

- a. Food Business _____

- b. Character Reference _____

- c. Bank Reference _____

8. Will you Own _____ Rent _____ Location?

- a. If Rent, State Owner of Location _____

9. List any other information you feel will assist in review of this application _____

10. Have you ever been denied? _____

I hereby agree to conform to the Town of Winchester By-Laws and Regulations and any special conditions governing this Food Vendor/Common Victualler License which the Board of Selectmen may establish. I further understand that the Board is not required to grant a license. No work is to commence at the premises of the proposed location prior to the issuance of a License except at my own risk. Transfer of this license is prohibited. Failure to conform to Town By-Laws and conditions after issuance of the license could result in suspension or revoking of said License by the Board of Selectmen.

Signature _____
Applicant

Address _____

Telephone Number _____

Date _____

Please submit a check in the amount of \$100 made out to the Town of Winchester.

TRANSFER OF LICENSE: LICENSE WILL BE ISSUED ON SURRENDER OF OLD LICENSE



**TOWN OF WINCHESTER
BOARD OF SELECTMEN - GENERAL LICENSE APPLICATION**

This is a general application for a license that the Board of Selectmen may grant. All license applications to the Winchester Board of Selectmen must be accompanied by the following information.

Indicate if license is: New ____ Transfer ____ Change of d/b/a ____ Other _____

List type of license(s) applying for:

- | | |
|--|--|
| <input type="checkbox"/> Common Victualler _____ | <input type="checkbox"/> Food Vendor _____ |
| <input type="checkbox"/> Package Store All Alcohol _____ | <input type="checkbox"/> Package Store Wine & Malt _____ |
| <input type="checkbox"/> Restaurant All Alcohol (100 seats) _____ | <input type="checkbox"/> Restaurant All Alcohol (70 seats) _____ |
| <input type="checkbox"/> Restaurant Wine & Malt _____ | <input type="checkbox"/> Club All Alcohol _____ |
| <input type="checkbox"/> Class I Auto Sales: _____ | <input type="checkbox"/> Class II Auto Sales: _____ |
| <input type="checkbox"/> Vehicle for Hire/Taxi No of Vehicles: _____ | <input type="checkbox"/> Fortune Teller _____ |
| <input type="checkbox"/> Annual Entertainment _____ | <input type="checkbox"/> Automatic Amusement _____ |

Business Name (legal): _____ dba: _____

Please attach copy of business certificate if applying as dba or individual. If business is a corporation or LLC, please attach:

1. Certificate of Good Standing from the Secretary of State's Office.
2. Corporate Vote authorizing business at the location.

Address of licensed premises (include zip code): _____

Mailing address (if different than above address): _____

Name of individual/applicant authorized to apply for license: _____

Business tel. no. of applicant: _____ Business email: _____

F.E.I.N. (F.I.N.) _____

Please check one of the following: own premises lease premises property under P&S

Name and address of property owner if different from license holder:

Name Address

If applicable, please attach copy of lease and/or Purchase and Sales Agreement.

Do you currently hold a similar license? _____ What type? _____

Have you previously applied for a license? (Yes) _____ (No) _____

Have you ever had a license revoked? (Yes)_____ (No)_____ If yes, please indicate why:

If there is a building or structure associated with the license, please submit the following (preferably on 8 ½ x 11" paper - no larger than 8 ½ x 14"):

- 1. Floor plan (include seating area), and
- 2. Site plan indicating parking areas and access to Town ways.

If applying for a Class I or Class II license, please submit a plot plan that shows:

- 1. The number of the vehicles on display
- 2. The exact location of the vehicles
- 3. Customer parking
- 4. Office area

Proposed hours of operation:

Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____
 Saturday _____ Sunday _____

Has the applicant operated a similar business? (if applicable)

Name of Business: _____
 Address: _____
 Federal Tax No. (if applicable): _____

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 and local taxes required by law.

Date: _____ Signature: _____

I certify that I have read through the conditions included with this license and agree to comply with any further stipulations that the Licensing Authority may from time to time approve. I also hereby authorize the Licensing Authority or their agent to conduct whatever investigation or inquiry is necessary to verify the information contained in this application.

Date: _____ Signature: _____

Please contact the Selectmen's Office at 781-721-7133 if you have any questions regarding this application form.

_____ of _____
APPLICATION FOR LICENSE
(GENERAL)

No. _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

(Full name of person, firm or corporation making application)

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

To _____

GIVE LOCATION
BY STREET
AND NUMBER

At _____

in said City of _____
Town

in accordance with the rules and regulations made under authority of said Statutes.

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.

*Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

**Social Security #
or Federal Identification Number

* This license will not be issued 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. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

Received _____

Hour A.M. _____

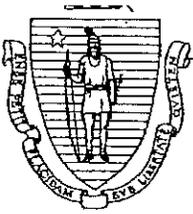
P.M. _____

Approved _____

Signature of Applicant

Address

Licence Granted _____



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 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

600 Washington Street

Boston, MA 02111

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

Fax # 617-727-7749

www.mass.gov/dia