



CITY OF MELROSE

OFFICE OF THE CITY CLERK

MARY-RITA O'SHEA
City Clerk

**City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4114
Fax - (781) 979-4149**

GENERAL INSTRUCTIONS COMMON VICTUALLER APPLICATION

A Common Victualler License is required when there is consumption of food on the premises.

1. The attached application must be complete & accurate. The applicant must either **PRINT or TYPE Clearly. No section, if applicable, should be left blank.**
2. Applicants must make arrangements for the attached Code Enforcement Inspectors to inspect the premises to be licensed. (Please see attached application for telephone numbers of Inspectors)
3. Keep the application on the premises to be licensed so the Inspectors can sign their approval following their inspection. Once you have received all signatures, return the application to the **City Clerk's Office.**
4. Submit plans (4 sets) to the Building Dept. according to their specifications.
5. Provide a copy of the Business Certificate that was filed in the City Clerk's Office
6. Provide a copy of the Business Occupancy Permit issued by Inspectional Services Dept.
7. Provide a copy of the lease and /or purchase and sales agreement.
8. If you are filing as a corporate/partnership, you will need to supply a vote of the Board of Directors of the Corporation or Partnership appointing a manager.
9. The Wednesday before the Board of Aldermen meeting is the deadline for any paperwork that is completed for a full or pre-approval. (The BOA meets the 1st & 3rd Monday of the Month)
10. The applicant must be present at the Board of Aldermen meeting for the application to be approved. If the application is approved, the License will be issued from the City Clerk's Office upon receipt of the Occupancy Permit.
11. The Common Victualler License is \$75.00 and is renewed by the calendar year.
12. The applicant must return the **ORIGINAL APPLICATION PLUS 1 ADDITIONAL COPY** to the City Clerk's Office.



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APPLICATION FOR COMMON VICTUALLER LICENSE

Issued: _____ / _____ / _____

License No: _____ - _____

Fee: \$ _____

Paid: _____ / _____ / _____

Name of Business _____

Address of Business _____ Business Tel. No. _____

Owner _____ Home Tel. No. _____

Date _____ / _____ / _____ Signature _____

Floor Space: _____ Sq. Feet Proposed Seating Capacity _____

Parking Spaces (other than public lots) _____ No. of Employees _____

Hours of Operation: Days _____ Hrs. from _____ to _____

Days _____ Hrs. from _____ to _____

Type of Food to be served:	Breakfast	_____	Yes	_____	No
	Lunch	_____	Yes	_____	No
	Dinner	_____	Yes	_____	No
	Take Out	_____	Yes	_____	No

APPROVAL: _____ DATE: _____ / _____ / _____
Office of Fire Prevention (781-979-4405)

_____ DATE: _____ / _____ / _____
Bldg. Commissioner (781-979-4135)

_____ DATE: _____ / _____ / _____
Health Director (781-979-4130)

_____ DATE: _____ / _____ / _____
Police Department (781-979-4465)

Application for Common Victualler License

PART II: DESCRIPTION OF APPLICANT:

Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ How long? _____ Yrs.

Previous Address: _____

Home Tel. No. _____ Cell Phone No. _____

Emergency No. _____ Email address: _____

Web Site: _____

Food Business Experience: (Attach additional sheets, if necessary)

From: _____ To: _____ D/B/A _____

(Circle One) Location: _____

Owner Type of Food: _____

Corporation

Partnership

Employee Number of Employees: _____

Do you hold any other business or occupational licenses issued by:

City, town or state? _____ Yes (attach copy) _____ No

Has any license held by you ever been revoked, suspended or otherwise subject to disciplinary action? _____ Yes (attach full explanation of circumstances) _____ No

Application for Common Victualler License

I/We hereby certify that I/We have read the forgoing application and know the content thereof, and that the statements contained therein are true and complete and I/We acknowledge that the City is not required to issue a license or to renew any license which is issued and that such license may be revoked at any time for misstatements of omissions in the foregoing application or of any violation of the terms and conditions of the license or of the laws of the Commonwealth of Massachusetts or the ordinances, rules and regulations of the City of Melrose.

Date: _____ / _____ / _____	_____
	(Applicant)
Date: _____ / _____ / _____	_____
	(Applicant)
Date: _____ / _____ / _____	_____
	(Applicant)
Date: _____ / _____ / _____	_____
	(Applicant)

Attachments:

Tax Certification Form _____
Workmen's Comp Form _____



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TAX CERTIFICATION FORM

License Year: _____

License # _____

Licensee: Name _____

Address _____

D/B/A: _____

ID# _____

Manager: _____

By signing below I hereby certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water, sewer and solid waste disposal bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Melrose required by law.

Signature of Applicant or
Corporate Name*

By: Corporate Office
(Mandatory, if applicable)

Social Security # (voluntary) or Federal Identification Number**

*This license *will not be used or renewed* unless this certification clause is signed by the applicant.

**Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency *will be subject to license suspension or revocation*. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.

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 Business

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____ City/State/Zip: _____

Are you an employer? (check one):

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 required)

Business Type (required):

5. Retail 6. Restaurant/Bar/Eating Establishment 7. Office and/or Sales (inc. 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 their worker's compensation policy information. ** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation 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-insurance License# _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations 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 or 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 of 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 Investigation 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 Investigation 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