

New ApplicationRenewal Application - \$125 annual fee

Licensing Year:

SECOND HAND DEALER APPLICATION Annual License Period: May 1 through April 30

Second Hand Dealer Licenses are valid beginning on May 1 and expire the following year on April 30 and are required to be renewed annually. To avoid delays in processing your application, please do not leave any applicable sections blank. *All incomplete applications will be returned*.

✓Please refer to the check list below to ensure all steps are completed prior to submitting the original application to the City Clerk's Office:

Page 1-2	Completed application with "wet signature"			
	Inspection and approval from the following Departments:			
	• Melrose Fire			
	• Melrose Police			
	• Inspectional Services			
	• Treasurer Collectors Office			
Page 3	Completed State Tax Certification ID Form			
Pages 4-6	Completed Worker's Compensation Insurance Affidavit			
Page 7	Receipt of City Adminstrative Code section pertaining to Junk, Secondhand and Precious Metal Dealers			
	Copy of Declarations page of Workers' Compensation Policy			
	Completed Business Certificate Application, if applicable			
	Submit application fee payable by cash, credit card or check payable to the City of Melrose along with completed application packet to the City Clerk's Office.			

Business Name:	Tax ID Number:
Business Address:	Business Phone Number:
Applicant Name:	Cell Phone Number:
Residential Address of Owner:	Number of Employees:



SECOND HAND DEALER APPLICATION

Annual License Period: May 1 through April 30

Business Name:	Tax ID Number:
Business Address:	Business Phone Number:
Applicant Name:	Cell Phone Number:
Residential Address of Owner:	Number of Employees:
Residential Address of Owner.	Number of Employees.
Email Address of Owner (required):	
Eman Address of Owner (required).	
24-hour Emergency Contact Name:	Emergency Phone
	Number:

Please List Daily Hours of Operation							
Sunday Monday Tuesday Wednesday Thursday Friday Saturday							

By signing below, you are requesting to be granted a Second-Hand Dealer License from the City of Melrose. In addition, you swear and affirm that the contents of the document are truthful and accurate to the best of your knowledge and belief.

Signature of applicant 1	Date_	/	<u> </u>
			-

Signature of applicant 2	Date//
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TAX CERTIFICATION FORM (Do not leave anything blank)

Licensee Name:	
Manager/Business Owner:	
Physical Address:	
Mailing Address:	
City, State, Zip:	

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

Signature of Petitioner 1	Date of Signature	Date of Birth	
Signature of Petitioner 1	Date of Signature	Date of Birth	

*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

Workers' Compensation Insurance Affidavit: General Business Applicant Information

Business/Organization Name:_____

Address:

City/State/Zip:_____Phone #_____

□ Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations date).

Are you an employer? Check the appropriate box:	Business Type (required):
1. □ I am a employer with employees (full and/or	
part-time).*	5. \square Retail
2. \Box I am a sole proprietor or partnership and have no	6. 🗆 Restaurant/Bar/Eating Establishment
employees working for me in any capacity.	7. □ Office and/or Sales (incl. real estate, auto, etc.)
(No workers' comp. insurance required)	8. 🗆 Non-profit
3. □ We are a corporation and its officers have exercised	9. 🗆 Entertainment
their right of exemption per c. 152 , § $1(4)$, and we	10. 🗆 Manufacturing
have	11. □ Health Care
no employees. (No workers' comp. insurance	12. □ Other
required)**	

*Any applicant that checks box #1 must also fill out the section below showing their worker's 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

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 \$1,5000.00 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 #:



INFORMATION AND INSTRUCTIONS

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statue, and *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.

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 homeowner 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:

Tel. # 617-0727-4900 ext. 406 or 1-877-MASSAFE Fax # 617-727-7749



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<u>Attention City Officials</u>: Please review the information submitted by the applicant prior to researching your records and signing off.

MELROSE FIRE DEPARTMENTDate Signed:781-979-4405					
781-979-4405	-				
Melrose Fire Captain Sign	naturo	Fire	e Captain Name Printed		
menose Pire Capitain Sign	iaitin e	1.116	e Capiain Name I Tiniea		
□ Denied	□ Ap	proved	□ Othe	ſ	
Comments:					
MELROSE POLICE DEPARTM 781-665-1212	ENT	Date Signed:			
Melrose Police Signati	ıre	M	lelrose Police Name Printed		
Denied	□ Ap	proved	□ Othe	r	
Comments:			·		
INSPECTIONAL SERVICES DE	PARTMENT	Date Signed:			
781-979-4135					
Building Commissioner Signature Building Commissioner Name Printed					
□ Denied	□ Ap	proved	□ Othe	ſ	
Comments:					
TREASURER COLLECTORS' OFFICE Date Signed:					
Available in person during City Hall busin	ess hours				
Treasurer Collector Signature		Tree	asurer Collector Name Printe	ed	
Denied	□ Ap	proved	□ Othe	r	
Comments:					



City of Melrose Administrative Code Chapter 143. Junk, Secondhand and Precious Metals Dealers

Article I. Junk and Secondhand Dealers

§ 143-1. Issuance of licenses; fees.

[Amended 5-20-2002 by Ord. No. 02-303]

A. The City Council may, upon petition, license suitable persons to be dealers in or keepers of shops for the purchase, sale and barter of junk, old metals or secondhand articles, at such places as may be designated in such licenses, and also junk collectors to collect by purchase or otherwise from place to place in the City junk, old metals and secondhand articles under the rules, regulations and restrictions hereinafter prescribed, which shall be expressed in every such license, provided that no such license shall be issued or in force unless all scales, weights and measures which are to be used by the applicant in his/her business under the license shall have been inspected, tested and sealed by the Sealer of Weights and Measures immediately before the issuance of the license.

B. Such licenses may be granted during the month of April to take effect on the first day in May next following. The fee for a license to be a dealer in, or keeper of a shop for, the purchase, sale and barter of junk, old metals or secondhand articles shall be \$125, and the fee for a license to be a junk collector shall be \$150.

State law references — Junk and junk dealers, MGL c. 140, §§ 54 to 56; license fees, MGL c. 140, § 202; effective date of licenses, MGL c. 140, § 203.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 143 §12 pertaining to Junk, Secondhand and Precious Metals Dealers and understand all that is required as a licensee.

Applicant Signature

Date