	56	2 M	ain :	Stree	t
Melrose, Mas	sac	hus	etts	0217	6
Telephone	e -	(781)	979	9-411 .	5

☐ New Application - \$100 initial fee	Licensing Year:
☐ Renewal Application - \$100 applied fee	

Annual License Period: May 1 through April 30

Hackney Carriage (Taxicab) 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:

	• • • • • • • • • • • • • • • • • • • •
Pages 1-2	Completed application with "wet signature"
Page 3	Completed State Tax Certification ID Form
Pages 4-5	Completed Worker's Compensation Insurance Affidavit, including a copy of Declarations page of Workers' Compensation Policy.
Page 6	Receipt of City Administrative Code pertaining to Hackney Carriage licenses
Pages 7-8	Report of Investigation includes inspection and approval from the following Departments: o Melrose Fire o Melrose Police o Sealer of Weights and Measures o Treasurer Collectors Office
	Copy of Current Vehicle Registration
	Completed Business Certificate Application, if applicable
	Submit completed application packet, along with fee payable by cash, credit card or check payable to the City of Melrose, 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:



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:
Email Address of Owner (required):	
24-hour Emergency Contact Name:	Emergency Phone Number:
Taxi Stand Location:	
Location car(s) will be garaged:	
By signing below you are requesting to be granted a Hackn swear and affirm that the contents of the document are true and belief.	
Signature of applicant 1	Date/
Signature of applicant 2	Date//



Annual License Period: May 1 through April 30

TAX CERTIFICATION FORM

(Do not leave anything blank)

Licensee Name:	
Manager/Business Owner:	
Physical Address:	
Mailing Address:	
City, State, Zip:	
-	d all state taxes, paid all local taxes, paid all water, sewer and solid paid all utilities, and paid all motor vehicle excise taxes to the City
Signature of Applicant or Corporate Name	Date of Signature
By: Corporate Office (mandatory, if applicable)	Social Security # (voluntary) or State Tax ID

^{*}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.



562 Main Street Melrose, Massachusetts 02176 Telephone - (781) 979-4115

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 #		
avnirations data)	olicy declaration page (showing the policy number and		
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.) *Any applicant that checks box #1 must also fill out the section below sh ** If the corporate officers have exempted themselves, but the corporation an organization should check box #1 I am an employer that is providing workers' compensation insurance for Insurance Company Name: Insurance Company Name: Insurer's Address:	my employees. Below is the policy information.		
City/State/Zip:			
Policy # or Self-ins. Lic. #:	Expiration Date		
Failure to secure coverage as required under Section 25A of MGL c. 152 ca one-year imprisonment, as well as civil penalties in the form of a STOP Wo that a copy of this statement may be forwarded to the Office of Investigation	In lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or ork Order and a fine of up to \$250.00 a day against the violator. Be advised and of the DIA for insurance coverage verification.		
I do hereby certify, under the pains and penalties of perjury that the infor	mation provided above is true and correct.		
Signature:	Date:		
Phone #:			

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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 that 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 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.



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City of Melrose Administrative Code Article II Licenses

§ 222-20 License required; fee; term; limitation on number. [Amended 6-3-1985 by Ord. No. 902; 4-6-1987 by Ord. No. 1657; 5-20- 2002 by Ord. No. 02-303]

No person shall conduct the business of setting up and using a hackney carriage or limousine without first obtaining a hackney or limousine license from the City Council. A fee of \$100 shall be paid for each vehicle authorized to be set up and used as a hackney carriage, and a fee of \$75 shall be paid for each vehicle authorized to be set up and used as a limousine under such license, and every such license shall be valid from the date of issue until the first day of May next following. The number of hackney carriages to be licensed shall be limited to 18. The number of limousine vehicles to be licensed shall not be limited.

§ 222-21 Application; description of vehicles.

Every application for a hackney license or limousine license shall be made on a form provided by the City Clerk and shall set forth the name and residence of the applicant or, in the case of a firm or corporation, the name thereof and the location of its principal place of business and the name and residence of its manager or principal representative in charge of the business and the location of the garage or other place where such carriages are to be kept and of any stand, private or special, from which they are to be operated. If granted a hackney license, the applicant shall, within 30 days of such granting or within seven days of obtaining a certificate of registration from the Registrar of Motor Vehicles, whichever shall occur first, furnish a description of each vehicle used as a hackney carriage, including, in the case of a motor vehicle, the make, model and manufacturer's number and the number and date of the certificate of registration issued by the Registrar of Motor Vehicles.

§ 222-22 Form; certificates for vehicles.

Every hackney license and limousine license shall bear a suitable number and shall have recorded thereon the information contained in the application, therefore. With every license so issued there shall also be provided a certificate for each vehicle licensed thereunder showing the license number, the name and residence of the licensee or, in the case of a firm or corporation, the name and principal place of business thereof and, in the case of a motor vehicle, the make, model and manufacturer's number and the number of the certificate of registration issued by the Registrar of Motor Vehicles.

§ 222-23 Transfer; change of address; discontinuance of business.

A. No holder of a hackney license or limousine license shall conduct his/her business at any place other than that specified in his/her license, except as otherwise provided in this article, nor shall any such license be sold, assigned or transferred without the consent of the City Council, provided that in case a vehicle authorized to be set up and used as a hackney carriage or limousine under such license is sold or otherwise disposed of, the certificate thereof shall be returned to the City Clerk, and there shall be issued to the holder of such license a certificate, in the form prescribed by § 222-22, for such vehicle as may be acquired to replace the vehicle sold or disposed of upon application and the presentation of satisfactory evidence to the City Clerk and the payment of \$0.50 for such certificate. The licensee shall notify the City Clerk of any change of his/her residence or, in the case of a firm or corporation, of its principal place of business or of the residence of its manager or principal representative in charge of the business.

B. Any holder of such license who shall cease to engage in the business for which he/she was licensed shall forthwith surrender his/her license and certificate or certificates to the City Clerk, and no refund therefor shall be made.

C. The City Clerk shall make a proper record of every such transfer, discontinuance of business or change of residence.

By signing below, you are acknowledging that you have read the City of Melrose Charter and Administrative Charter Chapter 222 § pertaining to Hackney Carriage (Taxicab) License and understand all that is required as a licensee.

Applicant Signature Date



Annual License Period: May 1 through April 30

Owner Name:		Owner DOB:	
Business Address:			
	CAR 1	CAR 2	CAR 3
MAKE & YEAR			
MODEL			
MANUFACTURERS NUMBER			
MASS. REG. NUMBER			
DATE OF REGISTRATION			
COPY OF REGISTRATION INCLUDED			
e undersigned respectfully makes ckney carriage, or carriages, the			ness of using as a



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Attention City Officials: Please review the information submitted by the applicant on the reverse side to ensure all fields are complete prior to researching your records and signing off.

MELROSE FIRE DEPARTMENT		Date Signed:		
781-979-4405				
M.I. E. G. · · · C.		T' C · ' N	D: 1	
Melrose Fire Captain Siş	gnature	Fire Captain No	ame Printed	
☐ Denied	□ Approved		□ Other	
Comments:		·		
MELROSE POLICE DEPARTMENT		Date Signed:		
781-665-1212				
Melrose Police Signa	ture	Melrose Po	olice Name Printed	
D D : 1	T .	<u> </u>		
☐ Denied	\square Approved \square Other		□ Otner	
Comments: SEALER OF WEIGHTS AND MEASURES Date Signed:				
SEALER OF WEIGHTS AND MEASURES Date Signed: 781-979-4134				
Building Commissioner Sig	nature	Building Con	nmissioner Name Printed	
	Daniel G			
☐ Denied	□ App:	roved	□ Other	
Comments:				
TREASURER COLLECTORS' OFFICE Available in person during City Hall business hours Date Signed:				
Available in person during City Han busi	nessnours			
Treasurer Collector Sig	nature	Treasurer Co	ollector Name Printed	
☐ Denied	□ Approved		□ Other	
Comments:	,		'	