



Kristin Foote  
City Clerk

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

## COMMON VICTUALLER LICENSE APPLICATION

Annual Renewal Fee - \$75

Licenses Expire annually on December 31

- New Application
- Renewal Application

Common Victualler Licenses are valid from January through December 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:**

	Completed application with "wet signature"
	Inspection and approval from the following Departments: <ul style="list-style-type: none"><li>○ Melrose Fire</li><li>○ Melrose Health and Human Services Department</li><li>○ Melrose Police</li><li>○ Inspectional Services</li><li>○ Treasurer Collectors Office</li></ul>
	Completed Business Certificate Application, if applicable
	Completed Worker's Compensation Insurance Affidavit, including a copy of Declarations page of Workers' Compensation Policy.
	Copy of Current ServSafe Certificate
	\$75 Application Fee payable by cash, credit card or check payable to the City of Melrose.

Please contact Joanne Perperian at (781) 979-4115 or email [clerks@cityofmelrose.org](mailto:clerks@cityofmelrose.org) with questions.



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**COMMON VICTUALLER LICENSE  
RENEWAL APPLICATION  
LICENSING PERIOD JANUARY 1st – DECEMBER 31st**

<b>Business Name:</b>		<b>Tax ID Number:</b>				
<b>Business Address:</b>		<b>Business Phone Number:</b>				
<b>Owner's Name:</b>		<b>Owner's Cell Phone Number:</b>				
<b>Residential Address of Owner:</b>		<b>Number of Employees:</b>				
<b>Email Address of Owner (required):</b>						
<b>24-hour Emergency Contact Name:</b>			<b>Emergency Phone Number:</b>			
<b>Circle all that apply:</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Take-out</b>		
<b>Please List Daily Hours of Operation</b>						
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<i>Approved Number of Seats:</i>						
<i>Floor Space/ Square Feet:</i>						



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By signing below, you are requesting to be granted a Common Victualler 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.

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 2

\_\_\_\_\_  
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.



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*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents Office of Investigations*  
*600 Washington Street, Boston, MA 02111*  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Workers' Compensation Insurance Affidavit: General Business**  
**Applicant Information Please Print Legibly**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you an employer- (check one):	
<input type="checkbox"/>	*I am an employer with _____ employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input type="checkbox"/>	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)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type- (required):	
<input type="checkbox"/>	Retail
<input type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

\*Any applicant that checks box #1 must also fill out the section on the next page 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.



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*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: \_\_\_\_\_

**Required:**

**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 \$1,5000.00 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 #: \_\_\_\_\_



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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 statute, 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.



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### **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:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

**Tel. # 617-0727-4900 ext. 406 or 1-877-MASSAFE**  
**Fax # 617-727-7749**  
[www.mass.gov/dia](http://www.mass.gov/dia)



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**COMMON VICTUALLER LICENSE**  
**CITY DEPARTMENT REVIEW**  
**LICENSING PERIOD JANUARY 1st – DECEMBER 31st**

Instructions for applicant:

Please complete the section below before obtaining approval from each of the City Departments listed on the back of this page. Departments will not review and approve if there are any fields left blank.

**REPORT OF INVESTIGATION – RELATIVE TO APPLICATION FOR**

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner DOB: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Daily Business Hours**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

*Approved Number of Seats:*

*Floor Space/ Square Feet:*



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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.

<b>MELROSE HEALTH &amp; HUMAN SERVICES</b> 781-979-4130	Date Signed: _____	<b>FOOD PERMIT EXP DATE:</b>
<i>Health &amp; Human Services Signature</i>		<i>Health &amp; Human Services Name Printed</i>
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>MELROSE FIRE DEPARTMENT</b> 781-979-4405	Date Signed: _____	<b>\$10 Fee Paid Yes / No</b>
<i>Melrose Fire Captain Signature</i>		<i>Fire Captain Name Printed</i>
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>MELROSE POLICE DEPARTMENT</b> 781-665-1212	Date Signed: _____	
<i>Melrose Police Signature</i>	<i>Melrose Police Name Printed</i>	
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>INSPECTIONAL SERVICES DEPARTMENT</b> 781-979-4135	Date Signed: _____	
<i>Building Commissioner Signature</i>	<i>Building Commissioner Name Printed</i>	
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		

<b>TREASURER COLLECTORS' OFFICE</b> Available in person during City Hall business hours	Date Signed: _____	
<i>Treasurer Collector Signature</i>	<i>Treasurer Collector Name Printed</i>	
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Other
Comments:		