Application for TAXI License

$100.00 per vehicle initial application
$75.00 per vehicle renewal application

INSTRUCTIONS TO APPLICANT

Please review and fill out this application in its entirety.
Any applications missing information will not be accepted.

Required Documentation Check List:

<table>
<thead>
<tr>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Application form</td>
</tr>
<tr>
<td>Signature from The Office of Fire Prevention</td>
</tr>
<tr>
<td>Signature from The Police Department</td>
</tr>
<tr>
<td>Fee payable to the City of Melrose</td>
</tr>
<tr>
<td>Current Vehicle Registrations</td>
</tr>
<tr>
<td>Current Vehicle Insurance Policy</td>
</tr>
<tr>
<td>Current Worker’s Compensation form/declaration page</td>
</tr>
<tr>
<td>Statement declaring payment of taxes for The State of MA &amp; The City of Melrose</td>
</tr>
<tr>
<td>Statement acknowledging receipt of ordinance</td>
</tr>
<tr>
<td>Copy of Driver’s Licenses for each driver</td>
</tr>
</tbody>
</table>

Please complete and return all forms to:
City Clerk’s Office
562 Main Street
Melrose, MA 02176
The undersigned respectfully makes application for a license to conduct the business of setting up and using as a hackney carriage, or carriages, the vehicle, or vehicles, hereinafter described:

### Business Specific Details

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Tax Id Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Business</td>
<td>Business Phone Number</td>
</tr>
<tr>
<td>Owner's Name</td>
<td>Owner's Phone Number</td>
</tr>
<tr>
<td>Address of Owner</td>
<td>Number of Employees</td>
</tr>
<tr>
<td>Owner Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Manager Name</td>
<td></td>
</tr>
<tr>
<td>Manager Address</td>
<td>Manager's Phone Number</td>
</tr>
</tbody>
</table>

Email Address of Owner (required)  
_____________________________ @ ___________________.

24 hour Emergency Contact info

Expiration Date of Business Cert

Garage Location

Days/Hours of Operation (circle the days and write out the hours)

SUN MON TUES WED THUR FRI SAT

### Automobile Specific Details

<table>
<thead>
<tr>
<th>MAKE &amp; YEAR</th>
<th>MODEL</th>
<th>MANUFACTURERS NO.</th>
<th>MASS. REG. NO.</th>
<th>DATE OF REGISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Forms/taxi 3/27/2019
FIRE DEPARTMENT

REPORT OF INVESTIGATION – RELATIVE TO RENEWAL FOR

Renewal Class:
License ID#
License Fee:
For:
At:
Expiration date:

Approval: _______________________________  Date: ___________________________

Melrose Fire Department – (781-665-0500)

**When the Fire Department visits your site for inspection, they will need to see your latest fire protection systems and fire alarm inspection reports.**
THE BUILDING DEPARTMENT
WEIGHTS AND MEASURES
REPORT OF INVESTIGATION - RELATIVE TO RENEWAL FOR

Renewal Class:
License ID#
License Fee:
For:
At:
Expiration date:

<table>
<thead>
<tr>
<th>MAKE &amp; YEAR</th>
<th>VIN</th>
<th>MASS. REG. NO.</th>
<th>DATE SEALED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please make the usual investigation for the City Council and submit your report, to the City Clerk within forty-eight hours.

Approval: _______________________ Date: ______________________

Melrose Building Department - (781-979-4134)
Workers’ Compensation Insurance Affidavit: General Business
Applicant Information Please Print Legibly

Busines Name: ______________________________________________
Address: ______________________________________________
City/State/Zip: ______________________________________________
Phone #: ______________________________________________

Are you an employer? (check one):
___1. I am an employer with _____employees (full/part-time
___2. I am 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 (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 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 #: ______________________________________________
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 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 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 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 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-MASSSAFE, Fax # 617-727-7749, www.mass.gov/dia
TAX CERTIFICATION FORM
(Do Not Leave Anything Blank)

License Year: 2019-2020

Licensee Name:
Address:
City, State, Zip
D/B/A:

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.