



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

Application for Hackney Carriage License (Taxicab)

INSTRUCTIONS TO APPLICANT

1. Complete Application (**PRINT or TYPE** Clearly)
2. Applicant must contact **The Office of Fire Prevention, Sealer of Weights & Measures and the Police Dept.** so that the Inspectors can sign their approval following their inspection. Once you have received all signatures, return the application to the City Clerk's Office. (See **page 3** for contact telephone numbers)
3. Fee: **\$100.00 Per Taxi –**
4. (**return fee with application. Make check payable to “City of Melrose”**)
5. Complete **CORI request Form** and return to City Clerk's Office three (3) weeks before submitting application to City Clerk.
6. Complete Workers' Comp Insurance Affidavit and return with a copy of **Declaration page** of Workers' Comp Policy.

Please complete and return all forms to:

**City Clerk's Office
562 Main Street
Melrose, MA 02176**

If you have any questions, please call (781) 979-4113



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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.

CITY OF MELROSE



To the Honorable Board of Alderman:

Applicant Name(s) and Business Name

requests that he/she be granted a license of a:

for: Hackney Carriage License (Taxicab)

at:

expiration date: **April 30, 20**_____

*Days & Hours of Operation _____

*Signature of petitioner _____

*Residence _____

*Home Telephone _____

*Cell Phone _____

The premises where it is proposed to conduct the business under the license herein requested is situated in _____ District, as appearing on the Zoning Map of the City of Melrose.

*Information needed

APPLICATION FOR HACKNEY CARRIAGE LICENSE (TAXICAB)

Departmental Reports of Investigation Relative to Petition for License

REPORT OF WEIGHTS AND MEASURES

MAKE _____ VIN # _____ MA Reg # _____ Date Sealed _____
MAKE _____ VIN # _____ MA Reg # _____ Date Sealed _____
MAKE _____ VIN # _____ MA Reg # _____ Date Sealed _____
MAKE _____ VIN # _____ MA Reg # _____ Date Sealed _____

Approval: _____ DATE: ____ / ____ / ____
Sealer of Weights & Measures (781-979-4135)
Office of Inspectional Services

REPORT OF FIRE DEPARTMENT

Approval: _____ DATE: ____ / ____ / ____
Office of Fire Prevention (781-665-0501)

REPORT OF POLICE DEPARTMENT

Approval: _____ DATE: ____ / ____ / ____
Police Department (781-979-4485)

OFFICE USE ONLY: FEE PAID _____ CORI FORM SUBMITTED _____

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 \$1,5000.00 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 #: _____

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