

Kenneth Stuart, Chairman
 David Hall, Vice Chair
 Michael Chizy, Clerk
 John L. Hebert
 Paul Maynard



Sutton Town Hall
 4 Uxbridge Road
 Sutton, Massachusetts 01590
 (508) 865-8727
 Fax: (508) 865-8721

James A. Smith,
 Town Administrator

**TOWN OF SUTTON
 BOARD OF SELECTMEN**

TO: ALL LICENSE HOLDERS
RE: 2015 LICENSE RENEWALS
DATE: OCTOBER 20, 2015

Enclosed you will find an application for renewing your license(s) for the period from January 1, 2015 to December 31, 2015. The fees are listed below for your convenience. Please indicate which license(s) you are renewing and return this form along with your completed application.

If you are a Class II License holder, you must have your bond or continuation certificate sent to this office before you can receive your License, so please plan accordingly.

If you are renewing an on premises Liquor License, you must provide a copy of the Mandatory Liquor Liability Insurance before you can receive your License. (MGL c.138 , §12 Attached)

Completed applications and a check made payable to the "Town of Sutton" should be returned to the Selectmen's Office, 4 Uxbridge Road Sutton MA 01590 on or before November 17, 2014. Upon receipt the license application will be reviewed as well as the checklist from appropriate town departments (Police, Fire, Board of Health, Town Clerk and Town Collector). If everything is in order your renewal application will be voted on at a Selectmen's meeting in December and returned to you by the beginning of January.

| | LICENSE TYPE | FEE |
|--|--|---------------|
| | Class I, II, III | \$85.00 |
| | Common Victualer | \$50.00 |
| | Innkeeper's License | \$15.00 |
| | Lodging House/Motel Permit | \$60.00 |
| | Sunday Entertainment-Town of Sutton | \$150.00 |
| | Amusement Devices (Jukebox/vending/ Etc.) | \$100.00 each |
| | Music and Dance | \$25.00 |
| | All Alcohol Beverage License/Package Store | \$550.00 |
| | All Alcohol Beverage License/Restaurant | \$1,100.00 |
| | Beer & Wine Beverage License/Package Store | \$350.00 |
| | Beer & Wine License Restaurant | \$350.00 |



Sutton Town Hall
4 Uxbridge Road
Sutton, Massachusetts 01590
(508) 865-8727
Fax: (508) 865-8721

TOWN OF SUTTON

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the general laws relating thereto, application is hereby made a permit license.

(Please print or type)

Name of Business: _____

Address: _____

License/Permit applied for: _____

New Application ()

Renewal Application ()

Location of License/Permit to be exercised: _____

Describe as completely as possible, the reason license/permit is desired and type of operation proposed:

PURSUANT TO MASS GENERAL LAWS, CHAPTER 62C, SECTION 49, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FILED A STATE TAX AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

Name of Applicant: _____

Signature of Individual or Corporate Name: _____

Signature of Corporate Officer (if applicable): _____

Address of Applicant: _____

Phone Number (Daytime): ____ () _____

Date: _____

Employer Identification Number: _____

BOARD OF SELECTMEN'S OFFICE



Sutton Town Hall
4 Uxbridge Road
Sutton, Massachusetts 01590
(508) 865-8727
Fax: (508) 865-8721

Town of Sutton

MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I hereby declare under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of individual or Corporate Names (Mandatory)

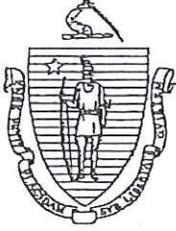
By: Corporate Officer (Mandatory, if applicable)

** Social Security Number or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

**Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C, Section 49A.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

FORM MUST BE FILLED
 OUT COMPLETELY

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

| | |
|---|---|
| <p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p> | <p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p> |
|---|---|

*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 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 \$1,500.00 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 #: _____

| | |
|--|------------------------|
| <p>Official use only. Do not write in this area, to be completed by city or town official.</p> | |
| City or Town: _____ | Permit/License # _____ |
| <p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p> | |
| 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 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 Investigations 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 Investigations 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