

COMMON VICTUALLER

NEW GOES BEFORE COUNCIL

Business Certificate (\$30.)
Building Commissioner
Board of Health
Fire Chief
Traffic Impact Report
Treasurer/Collector
State Tax
DOR Letter of Compliance
Workers' Compensation Insurance Affidavit
Ordinance -Chapter 23, Article III Section 17
Medford Zoning Ordinance governing Signs
Petition (\$75.)
Copy of Corporation Papers

RENEWAL December 31st of each year

Board of Health
Fire Chief
Treasurer/Collector
DOR Compliance
Workers' Compensation Insurance Affidavit
State Tax
Petition (\$75.)

BUSINESS CERTIFICATE NO. _____

New _____ Renewal _____

Fee: \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare (s) that a business under the title of:

(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites)

FULL NAME

RESIDENCE

Signed

THE COMMONWEALTH OF MASSACHUSETTS

_____ County _____ 20____

Personally appeared before me the above-named _____

and made oath that the foregoing statement is true.

(seal)

(TITLE)

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985 and CHAPTER 110, SECTION 5 OF MASS. GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING RETIRING OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.

CERTIFICATE EXPIRES: _____

(over)

**CITY OF MEDFORD
MASSACHUSETTS**

OFFICE OF THE CITY CLERK

DATE _____

TO: **THE BUILDING COMMISSIONER**

A PETITION HAS BEEN FILED BY: _____
(Petitioner's Name)

BUSINESS NAME: _____

FOR _____
(TYPE OF LICENSE)

TO BE LOCATED AT _____

TELEPHONE NO. _____

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

BUILDING COMMISSIONER

**CITY OF MEDFORD
MASSACHUSETTS**

OFFICE OF THE CITY CLERK

DATE _____

TO: **MEDFORD FIRE CHIEF**

A PETITION HAS BEEN FILED BY _____

BUSINESS NAME: _____

ADDRESS _____

FOR _____

(TYPE OF LICENSE)

TELEPHONE NO. _____

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

MEDFORD FIRE CHIEF

**CITY OF MEDFORD
MASSACHUSETTS**

OFFICE OF THE CITY CLERK

DATE _____

TO: **THE BOARD OF HEALTH**

A PETITION HAS BEEN FILED BY _____
(petitioners name)

BUSINESS NAME _____

FOR _____ AT _____
TYPE OF LICENSE STREET AND NUMBER

TELEPHONE # _____

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

DO YOU APPROVE OF GRANTING THIS LICENSE _____

WHAT ARE THE SANITARY CONDITIONS? _____

ENVIRONMENTAL REPORT

BOARD OF HEALTH INSPECTOR

**CITY OF MEDFORD
MASSACHUSETTS**

TRAFFIC IMPACT REPORT

COMMON VICTUALLER'S LICENSE

To the Honorable, the City Council
Medford City Hall
Medford, Massachusetts 02155

DATE _____

Gentlemen:

The following is a Traffic Impact Report on a COMMON VICTUALLER'S

LICENSE application of _____

Business Name: _____

Located at: _____

MEDFORD Chief of Police

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE _____

TO: TREASURER/COLLECTOR

AN APPLICATION FOR A _____ LICENSE, HAS BEEN

RECEIVED, TO BE LOCATED AT _____

PREVIOUS LICENSE HOLDER

PRESENT APPLICANT BUSINESS NAME

TELEPHONE NO. _____

PLEASE INDICATE ON THIS FORM, IF THERE ARE ANY OUTSTANDING TAXES
DUE ON THE PROPERTY.

YES _____ IF YES, LIST AMOUNT.

NO _____

TREASURER/COLLECTOR

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

Date _____

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

*Signature of responsible Individual / Corporate Officer

Print Name

Home Address

** Social Security # or
Federal Identification Number

Business Telephone No.

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

** Your Social Security Number and / or FID Number will be forwarded 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 Mass. G. L. c. 62C s. 49A.



Taxpayer Service Division
Certificate Unit
PO Box 7068
Boston, MA 02204

REQUEST FOR A LETTER OF COMPLIANCE

This is an application for a Letter of Compliance. There is no longer a fee for this service. If this matter is to be discussed with any third parties, a Power of Attorney (Form M-2848) should be attached. Please **MAIL** your request as soon as possible to the address above or fax your request to (617) 887-6262. For further information, please call (617) 887-6550.

Date of Request _____

Sec. Sec. # or other identification number(s) _____

Name of Taxpayer or Partnership _____

D/B/A--TradeName _____

Street _____ City/Town _____ State _____ Zip Code _____

Daytime Telephone # _____

Please check all that apply:

Under the penalties of perjury, I declare that my company is not responsible for the following taxes .

- Withholding Tax
- Sales/Use Tax
- Meals Tax
- Room Occupancy

Signature of Taxpayer _____

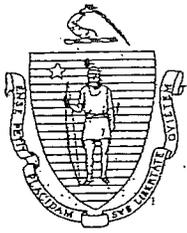
Name and Address of Person to contact regarding this Application:

Name _____ Daytime Telephone # _____

Street _____ City/Town _____ State _____ Zip Code _____

Please attach Form 3F, if requester is a Trust. Attach Form 3 and Schedule 3K-1, if requester is a Partnership.

Commissioner



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 Businesses

Please Print Legibly

Applicant Information

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

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.]

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 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 #: _____

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 #: _____

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

PETITION

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To the Honorable, the City Council

Councillors:

The undersigned respectfully pray that he be granted a

Common Victualler License at

(address)

REQUESTED HOURS

NAME:

RESIDENTIAL

ADDRESS

PRESENT BUSINESS AT THIS SITE

WORK TELEPHONE

NUMBER

SQUARE FOOTAGE OF RETAIL SALES

HOME TELEPHONE

NUMBER

SIGNATURE

NOTICE

THIS IS ONLY AN APPLICATION. WHEN THIS APPLICATION HAS BEEN REVIEWED BY VARIC MUNICIPAL DEPARTMENTS, YOU MUST APPEAR BEFORE THE CITY COUNCIL, WHO W MAKE THE FINAL DETERMINATION OF THIS APPLICATION. THERE IS A POSSIBILITY TH THIS PETITION MAY NOT BE APPROVED AND YOU MAY NOT CONDUCT BUSINESS UNTIL I MEDFORD CITY COUNCIL APPROVES THIS APPLICATION.

I have obtained and understand the requirements of the Medford Zoning Ordinance gov signs and will apply for a sign permit prior to altering any existing signs or erecting new sign

SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK'S OFFICE