

Town of Stockbridge

50 Main Street, P.O. Box 417
Stockbridge, Massachusetts 01262-0417
Telephone: 413-298-4170

General License Application

Please check all boxes that apply:

Fee Enclosed: _____
(Please See Fee Schedule Attached)

Alcohol New Renewal

Annual Seasonal One Day (please see form attached)

Wine & Malt All Alcohol

Entertainment (please complete attached forms)

Restaurant (Common Victualler) PLEASE NOTE:

Retail

-THE SERVICE OF ANY ALCOHOLIC BEVERAGES
REQUIRES LICENSING BY THE TOWN AND STATE.

Bed & Breakfast

-DEPENDING ON EVENT TYPE, SUCH AS WEDDINGS AND

Inn

LIVE ENTERTAINMENT, AN ENTERTAINMENT LICENSE
MAY BE REQUIRED BY THE TOWN.

Other _____

Applicant

Date

Business Name

DBA (if different)

Business Mailing Address/PO Box

City/Town State Zip

Telephone

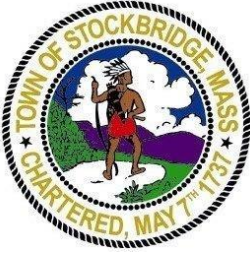
Email

Location and description of licensed premises:

Days of Operation: _____

Hours of Operation: _____

Number of Rooms (Innholders and Bed and Breakfast): _____



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General License Fee Schedule

Application Type	Fee
Restaurant (Common Victualler)	\$25.00
Retail	\$25.00
Bed & Breakfast	\$25.00
Inn	\$25.00

Entertainment License Fee Schedule

Fee. In addition to any fee required by the Division of Professional Licensure, the following fee shall be paid when the license is issued. Fees under this section shall not be prorated.

Application Type	Example	Capacity	Fee
Entertainment License: Annual Live- Entertainment	Instrumental, vocal, or disc jockey performances, or the playing of karaoke machines.	250 & Under	\$75
		250-500	\$100
		500 & Over	\$250
Entertainment License: Single Event Live- Entertainment	Instrumental, vocal, or disc jockey performances, or the playing of karaoke machines.	250 & Under	\$25
		250-500	\$50
		500 and Over	\$75
Entertainment License: Annual Non-Live Entertainment	Outdoor: radio, jukebox, or television. Inside: more than 10 televisions.		\$30
Entertainment License: Single Event Non-Live Entertainment	Outside: radio, jukebox, or television. Inside: more than 10 televisions.		\$15
Section 177 License	Billiard, pool or sippio table or a bowling alley		\$10 per pool, billiard, or sippio table, or bowling alley lane.
Section 177A License	Automatic Amusement Device		\$20 per device.

Alcoholic Beverage License Fee Schedule

Application Fee: In addition to any fee required by the ABCC, the following fees shall be paid at the time of filing of any license Application. The Application Fee is not refundable if the Application is denied.

Application Type	Fee
(1) Section 12 (2) Section 15 (3) Farmer Series Pouring Permit, and (4) BYOB: <ul style="list-style-type: none"> • Applications for a new licensee; • Transfer of license; and • Alteration of licensed premises. 	<u>\$100</u>
Application for Temporary Licenses, including: <ul style="list-style-type: none"> • Section 14 Special Temporary Licenses; and • Charity Wine Licenses (CWAL, CWPL, CPWPL). 	\$30
All other Applications to the Board, except Farmer Market Licenses.	

Issuance Fee: In addition to any fee required by the ABCC, all licensees identified below shall pay an Issuance Fee. This fee shall be paid prior to the issuance of the license and, if applicable, for each year thereafter, prior to the issuance of the renewed license. Fees under this section shall not be prorated.

License Type	Fee
Section 12 Restaurant – All Alcoholic Beverages	\$900
Section 12 Restaurant – Wine and Malt Only, and Wine, Malt, and Cordials	\$350
Section 12 Inn Holder – All Alcoholic Beverages	\$900
Section 12 General On-Premises – All Alcohol	\$900
Section 12 General On-Premises – Wine and Malt Only, and Wine, Malt, and Cordials	\$350
Section 12 Club – All Alcoholic Beverages	\$500
Section 15 Package Store – All Alcoholic Beverages	\$1,000
Section 15 Package Store – Wine and Malt Only, and Wine, Malt, and Cordials	\$500
Seasonal Section 12 – All Alcoholic Beverages	\$500
Seasonal Section 12 – Wine and Malt Only, and Wine, Malt, and Cordials	\$200
Farmer’s Market License.	\$50

Payment: The Board of Selectmen reserves the right to adjust the Application Fee and the Issuance Fee from year to year.

Applicants shall confer with the Town Administrator’s Office to ensure that the appropriate fee is submitted with the Application. All local fees must be paid in the form of a personal or bank check payable to the **Town of Stockbridge**.



CERTIFICATE OF COMPLIANCE WITH STATE LAWS

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the undersigned acting on behalf on the License Holder, certifies under the penalty of perjury that, to the best of the undersign’s knowledge and belief, the License Holder is in compliance with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support*.

** Signature of Individual or Corporate License Holder (Mandatory)

*** License Holder’s Social Security Number/or Federal Identification Number

By: _____
Corporate Officer
(Mandatory, if applicable)

Date: _____

*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

**Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

*** 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. Providers who fail to correct their non-filing or delinquency will not have a license or other agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <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"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

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 (check one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 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 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 sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." 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.

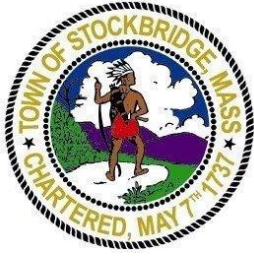
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



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Bed and Breakfast License Holders Only

Please read the following sections of the Stockbridge Zoning Bylaws and sign stating that you are in Compliance with the sections of the Bylaws.

Section 2.2 Definitions:

BED AND BREAKFAST: An accessory use to a dwelling occupied as the owner's principal legal residence, in which at least one (1) and not more than five (5) rooms are commercially offered for transient occupants. Transient occupancy shall be defined as for not more than 90 consecutive days.

I, _____ of _____ certify that
Printed Name Name of Bed and Breakfast

I am in Compliance with Section 2.2 of the Stockbridge Zoning Bylaws as stated above.

Date

Signature of Owner

Section 4.11.B.3 Accessory Use

Bed and Breakfast, provided that no kitchen facilities are maintained in the rooms; the accessory use is for the purpose of overnight lodging and breakfast by registered guest-occupants exclusively; and the premises shall not be commercially offered for meetings, luncheons, banquets, parties, weddings, fund-raising activities or similar functions or events.

I, _____ of _____ certify that
Printed Name Name of Bed and Breakfast

I am in Compliance with Section 4.11.B.3 of the Stockbridge Zoning Bylaws as stated above.

Date

Signature of Owner