MOTEL LICENSE

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1. Applicant is first referred to the Building Inspector and Health Agent, to see what permits, variances and approvals may be required.

2. Completed license application, Tax Affidavit, Worker's Compensation, Insurance Affidavit and a copy of the Worker's Compensation Policy.

3. License Fee in the amount of $50.00, check made payable to the Town of Walpole

4. Copy of Business Certificate as filed with Town Clerk or copy of Corporation papers.

5. Applicant must furnish evidence that he has the right to use the property.

6. Board of Selectmen will seek approval/comments from the Police, Fire, Building Inspector and Board of Health relative to the application.

6/10/2008

APPLICATION FOR LICENSE OR PERMIT

TOWN OF WALPOLE

COMMONWEALTH OF MASSACHUSETTS

DATE:_____, 200___

I, _____, hereby make application to the Board of Selectmen of the Town of Walpole, Massachusetts for a

Type of License:_____

Date:_____

Hours:_____

License/Permit to be made out in the name of _____

_____,

Address_____.

Is this your first application for a license/permit?_____

Is this a renewal of a license/permit?_____

SIGN YOUR NAME IN FULL:_____

RESIDENTIAL ADDRESS:_____

TELEPHONE: _____

Application

Approval Date: _____

Restrictions: _____

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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

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 #:** _____

TAX AFFIDAVIT

Pursuant to M.G.L. Ch. 62C, sec 49A, 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.

_____
Social Security Number or Federal Identification Number

_____
Signature of Individual or Corporate Name

By:_____
Corporate Officer
(if applicable)