

CHECKLIST FOR NEW RESTAURANT

Questions – Please contact Mary L. Midura, Executive Secretary - License Commission
 (413) 587-1210
 mmidura@northamptonma.gov

	Common Victualler License application (\$40.00 annual fee)
	Entertainment License application (\$80.00 annual fee)
	Automatic Amusement Device application (\$55.00 annual fee per device)
	Workers' Compensation Insurance Affidavit
	Copy of Deed or Lease Agreement
	Has City Clerk been contacted for Business Certificate?
	Has Building Commissioner (413-587-1240) been contacted for licenses, permits or inspections?
	Signature of Building Commissioner: Dated:
	Has Board of Health (413-587-1215) been contacted for licenses, permits or inspections?
	Signature of Board of Health Director: Dated:
	If placement of tables and chairs on the City sidewalk is desired, please contact the Department of Public Works (413-587-1570) to file an application for sidewalk use.
	Signature of Director of Department of Public Works: Dated:

**CITY OF NORTHAMPTON
LICENSE COMMISSION**

COMMON VICTUALLER APPLICATION

Massachusetts General Laws Chap 140 § 6

CORPORATE NAME _____

D/B/A NAME _____

OWNER OR PRESIDENT _____

MANAGER (if different than Owner/President) _____

ADDRESS _____

TELEPHONE NUMBER _____

DESCRIPTION OF PREMISES _____

(number of rooms, on what floors, etc.)

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Signed this _____ day of _____, 20____.

Social Security Number or
Federal Identification No.

Signature of Individual or
Corporate name

<u>Office Use</u>	
Approved	Denied
Date	

By _____
Corporate Officer and Title
(if applicable)

**CITY OF NORTHAMPTON
LICENSE COMMISSION**

ENTERTAINMENT APPLICATION
Massachusetts General Laws Chap 140 § 183a

CORPORATE NAME _____

D/B/A NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DESCRIPTION OF PROPOSED ENTERTAINMENT _____

The application for an entertainment license shall be in writing and made to the License Commission. The license shall be exercised on weekdays (Sunday through Saturday). The application shall fully and specifically describe the proposed entertainment. The License Commission may grant such license upon such terms and/or conditions as it may prescribe or may deny such license upon finding that issuance of such license would lead to the creation of a nuisance or would endanger the public health, safety or order. Notice of such denial shall be delivered to the applicant in writing and shall include therein a statement of reasons for such denial.

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Signed this _____ day of _____, 20__.

Social Security Number or
Federal Identification No.

Signature of Individual or
Corporate name

Office Use
Approved Denied

By _____
Corporate Officer and Title
(if applicable)

Date

**CITY OF NORTHAMPTON
LICENSE COMMISSION**

AUTOMATIC AMUSEMENT DEVICE APPLICATION

Massachusetts General Laws Chap 140 § 177a

CORPORATE NAME _____

D/B/A NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

NUMBER OF MACHINES _____

TYPE/DESCRIPTION OF MACHINE(S) _____

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Signed this _____ day of _____, 200__.

Social Security Number or
Federal Identification No.

Signature of Individual or
Corporate name

Office Use

Approved

Denied

Date

By _____

Corporate Officer and Title
(if applicable)



CITY OF NORTHAMPTON, MA

2011 LICENSE COMMISSION MEETINGS

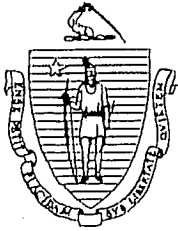
The License Commission will meet on the First Wednesday of each month, at 4:00 p.m., in the City Council Chambers, Wallace J. Puchalski Municipal Building, 212 Main Street, Northampton.

No January 2011 Mtg	July 6, 2011
February 2, 2011	August 3, 2011
March 2, 2011	September 7, 2011
April 6, 2011	October 5, 2011
May 4, 2011	November 2, 2011
June 1, 2011	December 7, 2011

CITY OF NORTHAMPTON

2011 LICENSE FEES

<u>TYPE:</u>	<u>FEE:</u>
All Alcoholic Restaurant & General on Premise	\$2,215.00
All Alcoholic Innholder	\$2,215.00
All Alcoholic Club	\$1,235.00
All Alcoholic Package Store (under 5,000 sq. ft)	\$1,870.00
(over 5,000 sq. ft)	\$2,330.00
Wine & Malt Restaurant	\$1,520.00
Wine & Malt Package	\$1,000.00
Wine & Malt Special	\$1,520.00
Seasonal Wine & Malt Restaurant	\$1,405.00
Seasonal All Alcoholic Restaurant	\$1,520.00
Seasonal All Alcoholic Club	\$775.00
Common Victualler	\$40.00
Weekday Entertainment	\$80.00
Auto Amusement Device	\$55.00
Lodging House License	\$50.00
Innholder License	\$40.00
Class I, II & III Auto Dealer	Class I \$200.00
	Class II \$175.00
	Class III \$150.00
Short Term Wine & Malt	\$60.00 per day
Short Term All Alcoholic	\$100.00 per day



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

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 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 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 _____

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