



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LUNENBURG
APPLICATION FOR LICENSE
17 Main Street, P O Box 135
Lunenburg, MA 01462
978-582-4130 x144

Date: _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

PLEASE PRINT (Full name of person, business, non-profit organization or corporation)

____ Auto Dealer License

Class I _____

Class II _____

Class II _____

____ Liquor License (check all that applies)

Malt & Wine _____ Off Premise \$15

_____ On Premise \$12

Malt, Wine & Cordial _____ \$12 On Premise

All Alcohol _____ Off Premise \$15

_____ On Premise \$12

____ One Day Special License

____ Non-Profit _____ For Profit

____ Common Victualer

____ Jukebox License

____ Peddler's License

☒ Limousine License

____ Taxicab License

____ Automatic Amusement Device

(Check all that apply)

____ Group #1 Electronic Gun or Target Games

____ Group #2 Simulated Sport Games

____ Group #3 Ski-Ball Games

____ Group #4 Video Games

____ Group #5 Pool/Billiards/Shuffleboard*

____ Group #6 Simulated Driving/Racing Games

____ Group #7 Dancing

____ Group #8 Amusement Rides*

____ Group #9 Flea Market (a Sunday License will be required if admission fee is charged)

____ Group #10 Miniature Golf

____ Group #11 Live Entertainment

* Each game/ride shall constitute a separate fee

Other: _____

(Description)

D/B/A _____

CONTACT PERSON: _____

PROPOSED HOURS OF OPERATION: _____



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LUNENBURG
APPLICATION FOR LICENSE
17 Main Street, P O Box 135
Lunenburg, MA 01462
978-582-4130 x144

LOCATION: _____

MAILING ADDRESS: _____

(If different than location) _____

TELEPHONE: _____ EMAIL ADDRESS: _____

Business Identification # _____ **
UNDERLINE TYPE: Federal Identification #, Employer Identification # or Social Security #

SIGNATURE OF INDIVIDUAL OR CORPORATE NAME _____ BY CORPORATE OFFICER _____

PRINTED NAME HERE OF SIGNATOR _____

I certify under 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 and I also certify that I have in my possession any state licenses required to obtain local licensing in Lunenburg.

** The business identification number will be furnished to the Massachusetts Department of Revenue. Those who fail to correct non-filing or delinquency will be subject to license suspension or revocation.

Lunenburg Bylaw- Article II, Section 16 Licenses and Permits of Delinquent Taxpayers (b) the licensing authority may deny, revoke, or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the tax collector; provided, however, that written notice is given to the party and the tax collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than fourteen days after said notice. Said list shall be prima facie evidence for denial, revocation or suspension. Any findings made by the licensing authority with respect to license denial, revocation or suspension shall be made only for the purposes of such proceeding and shall not be relevant to or introduced in any other proceedings at law, except for any appeal from such license denial, revocation or suspension. Any license or permit denied, suspended or revoked under this section shall not be issued or renewed until the license authority receives a certificate issued by the tax collector that the party is in good standing with respect to any or all taxes, fees, assessments, betterments or other municipal charges, payable to the Town as the date of issuance of said certificate.



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: 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/Bathing 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 § 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. ☐ Licensing Board
5. ☐ Selectmen's Office
6. ☐ Other _____

Contact Person: _____ Phone #: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 800
Adoption Street, Suite 2200, Chelsea, MA 02150
TEL: 617-680-4040 TTY: 617-680-4000 FAX: 617-680-6970
MA88.GOV/DOJIS



This form is not to be faxed. Please return form to organization.
**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Town of Lunenburg
(Organization)

is registered under the

provisions of M.G.L. c. 90, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DOJIS. I hereby acknowledge and provide permission to

Town of Lunenburg

(Organization)

to submit a CORI check for my information to the DOJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

Town of Lunenburg

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that

Town of Lunenburg
(Organization)

may conduct

subsequent CORI checks within one year of the date this form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02189
Tel: 617-690-4040 | TTY: 617-690-4000 | FAX: 617-690-0070
MASS.CJVIS@es.s.state.ma.us



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk(*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last six digits of Social Security
Number: _____

☐ No Social
Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's First, Last, & Maiden Name: _____

Current Address

* Street Address: _____

Apt./# or Suite: _____ City: _____ State: _____ Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



Ritter Memorial Building
960 Massachusetts Avenue
Lunenburg, MA 01462
Phone: 978 582 4146 x420
Fax: 978 582 4353

Town of Lunenburg
Building Department
Form of Intent

Map/Parcel: _____

FEE: \$15.00 _____

Please print the following:

Name of Owner of Business: _____

Location of Business: _____

Name of Business: _____

Owner's mailing Address: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Briefly explain your Business: _____

Signature: _____ Date: _____

In Order for this request to be approved the following information may be required:

1. Floor plan of the business;
2. Plot plan showing off street parking;

All signs require an application filed with the Building Department. The Form of Intent must be filed with Town Clerk before a Business Certificate can be issued.

Approved: _____



TOWN OF LUNENBURG

BUSINESS IDENTITY CERTIFICATE

New ☐ Renewal ☐

Prior Certificate # _____

Fee: \$25.00

CERTIFICATE # _____

EXPIRES: _____

Note: This Certificate is not required of any corporation doing business under its true corporate name, nor any partnership doing business under any title which includes the true surname of any partner, nor any foreign express business complying with Section 5 and 6 of Chapter 159, M.G.L. Any partnership, joint stock company or association conducted by trustees under a written instrument or declaration of trust shall file the names of the trustees and a reference to such instrument or declaration. (See Section 6, Chapter 110)

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 _____

(Business Name - please indicate if this business is incorporated)

will be conducted at _____ Lunenburg

(Please indicate street address and mailing address if different)

Business telephone # _____ Email Address: _____

by the following person(s):

Full Name	Residential Address, City/Town, Zip	Home / Cell Telephone #
-----------	-------------------------------------	-------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Nature of Business: _____

Signature(s): _____ Date _____

WORCESTER, SS:

THE COMMONWEALTH OF MASSACHUSETTS

Date: _____

Personally appeared before me the above named _____, proved to me

through satisfactory evidence of identification, which were _____ and made oath that the foregoing statements are true.

Notary Public Signature _____

My Commission Expires: _____

Note: In the event of discontinuing, retiring or withdrawing from the business or change of residence or change in location of the business, the Town Clerk must be notified. (Violations of Section 5, Chapter 110 are punishable by fine of up to \$300.00 for each month during which violation continues.) The Certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless renewed.

SEAL

SECTION 14. The Licensing Authority shall adopt rules and regulations for licensing of taxicabs, limousines and other related transportation services having their principal place of business within the Town of Lunenburg, including the establishment of fees and penalties.

Section 4.18 Limousine License

A person wishing to operate a limousine service strictly on a door to door basis (no scheduled line run), must apply for a municipal license. The license fee shall be in accordance with the current fee schedule. Applicant must conform to applicable regulations in each city\town they wish to operate.

A person wishing to operate any type of charter limousine service (scheduled runs to airport, hotels, etc.) in addition to the door to door service, must have a DPU permit before they can apply for municipal permit for the door to door operation. They must also apply for permit in each city\town they wish to operate.

It should be noted that any trips to Logan Airport (whether charter or not) requires the person to obtain a Massport license.

Person applying in Lunenburg must first obtain a Use and Sign Permit from the Building Inspector for permission to operate business from home or whatever location is used.

When Licensing Authority acts upon the municipal license, they may restrict such matters as number of vehicles, route to be taken, and any other matters in the best interests of the Town.

General Rules of Operation

- I. No limousine shall operate from a location in the Town of Lunenburg without a license granted hereunder.
- II. All limousine licenses issued by the Licensing Authority shall be distributed by and paid for at the office of the Licensing Authority unless otherwise ordered by the Licensing Authority.
- III. All applications for renewal of limousine licenses shall be in the hands of the Licensing Authority no later than December 1st of each year.
- IV. No driver of a limousine shall be required or permitted to drive or remain on duty for more than twelve (12) hours in any twenty four (24) consecutive hours, and any such driver shall be relieved from duty for at least one period of not less than eight (8) consecutive hours during said twenty-four (24) hours.
- V. All limousines must be kept clean inside as well as outside at all times. All limousines are subject to inspection by the Licensing Authority or the duly appointed inspector. All limousines shall be made available for such inspections on such dates, places and times designated by the Board.
- VI. Whenever requested by a passenger, or whenever there is a dispute over a fare, the driver shall give a receipt to said passenger which shall contain the company name, driver's name, date and time, origin and destination of the trip and the amount charged.
- VII. Limousines shall establish rates for hire which are reasonable and in conformance with rates charged in the geographic area.

- VIII. The operation of each limousine, records keeping, adherence to proper rates of hire and compliance with all rules and orders of the Lunenburg Licensing Authority shall be the sole responsibility of the licensee of said limousines.
- IX. Failure to comply with the rules and regulations of this regulation shall be grounds for the suspension or revocation of any license issued pursuant to these rules and regulations.
- X. The annual fee for any and all licenses issued pursuant to these rules and regulations shall be established by the Licensing Authority and may be altered from time to time as the Licensing Authority determines necessary.
- XI. Applicant shall furnish a copy of Certificate of Liability Insurance for each vehicle authorized in the amount of \$250,000 (Two hundred Fifty Thousand Dollars) for bodily injury to any one person; in the amount of \$500,000 (Five Hundred Thousand Dollars) for injuries to more than one person in the same accident; and \$100,000 (One Hundred Thousand Dollars) for property damage resulting from any one accident. Said Certificate shall be filed with the Office of the Town Clerk. The certificate shall include Workers Compensation Insurance coverage.
- XII. CORI Form

LIMOUSINE LICENSE APPLICATION CHECKLIST

- 1 BEFORE COMING TO THE SELECT BOARD OFFICE
YOU MUST SUBMIT A FORM OF INTENT TO THE BUILDING COMMISSIONER
- 2 APPLY TO THE TOWN CLERK OFFICE FOR A BUSINESS CERTIFICATE ONCE
APPROVED BY THE BLDG. COMMISSIONER

THE FOLLOWING ITEMS SHOULD BE INCLUDED WITH THE APPLICATION:

WORKERS COMPENSATION AFFADAVIT

BUSINESS CERTIFICATE

CERTIFICATE OF LIABILITY FOR EACH VEHICLE

SHOWING THE FOLLOWING COVERAGE:

- * \$250,000 FOR BODILY INJURY TO ANY 1 PERSON
- * \$500,000 FOR INJURIES TO MORE THAN 1 PERSON SAME ACCIDENT
- * \$100,000 FOR PROPERTY DAMAGE

CORI FORMS COMPLETED FOR ALL DRIVERS

ACCOMPANIED BY PHOTO ID

CURRENT DRIVING HISTORY OF EACH DRIVER; CAN BE OBTAINED BY YOUR INSURANCE CO OR RMV

DPU PERMIT

MASSPORT LICENSE IF ANY TRIPS ARE
TAKEN TO LOGAN AIRPORT

_____ PAYMENT OF LICENSE FEE
(\$21.00) DUE AT TIME OF
APPLICATION