Town of Southwick
Commonwealth of Massachusetts

Fee: $30.00 Residents / $50.00 Non-Resident

BUSINESS CERTIFICATE

In conformity with the provisions of Ch.110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business _____

Nature of Business _____is conducted at

Location of Business in Southwick: _____, accepting mail at

Mailing Address (if different): _____, or via email, phone at

Email Address: _____ Phone #: _____

Social Security Number or Federal Identification Number:_____

by the following named person (s):

Owner (s) Full Name (s) *	Owner Residential Address(es)
1. _____	1. _____
2. _____	2. _____

**If a corporate officer, include the title of signing officer.*

By signing below I/we certify under the penalties of perjury that I/we to the best of my/our knowledge and belief, have filed all State tax returns and paid all State and Local taxes require by law.

Owner Signatures below – Sign ONLY in the PRESENCE of a Notary Public OR the TOWN CLERK

Signed under penalties of perjury:

1. _____ **2.** _____

The Commonwealth of Massachusetts
County of _____

On this day of , 20 before me, the undersigned notary public, personally appeared _____ who proved to me through satisfactory evidence of identification, which was _____, to be the person(s) whose name(s) is/are signed on the preceding document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

_____

_____
NOTARY PUBLIC / TITLE

A 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 so renewed.

A statement must be filed with the Town Clerk upon discontinuing, retiring, or withdrawing from such business.

FOR OFFICE USE ONLY

☐ Renewal
☐ New

☐ Taxes Checked

Issue date: _____ **Expires:** _____

Business 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 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 § 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 #:_____

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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia

COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

Local Emergency Planning Committee

454 COLLEGE HIGHWAY, SOUTHWICK, MA 01077

Telephone (413) 569-0308 Fax (413) 569-5001

Name of Business: _____

Physical Location of Business: _____

_____

Mailing Address (if different): _____

_____

Email Contact: _____

Emergency Contact Information

Name: _____

Address: _____

_____

Phone: _____

What chemicals are used and/or stored on premises?

Is hazardous chemical waste generated? Yes ☐ No ☐

Is Tier II Hazard Chemical Material threshold filing required? Yes ☐ No ☐

Applicant Signature: _____ Date: _____

CodeRED™ COMMUNITY NOTIFICATION ENROLLMENT

*REQUIRED FIELDS

*NAME FIRST AND LAST:

Location Details

*ADDRESS TO BE NOTIFIED *no P.O. boxes*: APT/SUITE/UNIT:

*CITY: *STATE: *ZIP CODE:

*THIS ADDRESS IS ◉ Residential ◯ Business | IS THIS ADDRESS A ◯ Mobile or ◯ Manufactured home?

Additional Location Please fill out this section if you would like to register multiple addresses under your name.

*ADDRESS TO BE NOTIFIED *no P.O. boxes*: APT/SUITE/UNIT:

*CITY: *STATE: *ZIP CODE:

*THIS ADDRESS IS ◉ Residential ◯ Business | IS THIS ADDRESS A ◯ Mobile or ◯ Manufactured home?

Contact Information

*PHONE 1:
◯ MOBILE *Mobile provider:*
◯ TDD/TTY DEVICE Tone delivery, for hearing impaired

PHONE 2:
◯ MOBILE *Mobile provider:*
◯ TDD/TTY DEVICE Tone delivery, for hearing impaired

EMAIL ADDRESS:

◯ TEXT MESSAGE *Mobile phone number and phone provider:*

Alert Types Select any additional alert types you would like to receive.

◯ Emergency Notifications ◯ General Notifications ◯ Weather Warnings *If applicable*

Data Privacy

By electing to keep your information private, OnSolve™ will not release your information to any third parties unless compelled to do so by a competent court of law, and OnSolve will allow your information to be made available to your local provider only for use in one of OnSolve's services. If the box is left unchecked, you are electing to make your information public, meaning OnSolve may release the information to your local provider, and it may become subject to local public information rules and requests.

◯ Keep my information private

TERMS & CONDITIONS

OnSolve welcomes you, as a "Subscriber" to its CodeRED® and CodeRED Weather Warning® Services (the "Services"). By completing this community notification enrollment form, you agree to be subject to OnSolve's Terms of Use ("Terms") and Privacy Policy ("Privacy Policy") located here: www.onsolve.com/privacy-statement/, which may be updated from time to time. By completing this form, you agree that you have read the Terms and Privacy Policy, and agree to them in full.

Your Information: The information we collect on this form is designed to assist OnSolve in serving you based upon your request for emergency or general interest notifications from OnSolve or your local provider.

You agree to provide true, accurate and complete information on this form, and to maintain the accuracy of such information at all times. You warrant and represent that the provision of such information does not invade on the privacy of any other person. You agree not to impersonate any person or entity, or misrepresent themselves as such person or entity when filling out this form.

The data you are providing on this form is being collected by your local provider. Accordingly, OnSolve will have no control over the disclosure of your information by your local provider and in certain instances, your information may be subject to public records requests and transferred without OnSolve's knowledge. OnSolve SHALL HAVE NO LIABILITY TO YOU AS A RESULT OF YOUR LOCAL PROVIDER'S TRANSFER OF YOUR INFORMATION. Any information which your local provider sends to OnSolve is kept confidential by OnSolve and OnSolve will take reasonable and appropriate steps to protect this information from unauthorized access or disclosure. **OnSolve does not sell, rent or lease information to third parties, provided however, that the information on this form will be shared with your local provider**.

We do not intentionally collect personal information from anyone we know to be under eighteen (18) years of age. By signing up, you represent and warrant that you (i) are eighteen (18) years of age or older; or, (ii) if you are registering information for a child under eighteen (18) years of age, you are the parent or legal guardian of such child; you are over eighteen (18) years of age; and that you are legally authorized to provide information for such child to be contacted through OnSolve's Services.

OnSolve welcomes your comments regarding this form or the Services OnSolve provides. If you have any questions, please contact OnSolve by telephone, e-mail, or postal mail.

OnSolve Privacy
OnSolve, LLC
780 W. Granada Boulevard, Ormond Beach, Florida 32174
386-676-0294

PRIVACY POLICY

Registration: As a Subscriber, you understand and agree that OnSolve may send you communications, announcements, newsletters, service announcements and other administrative messages. These messages are separate from any messages sent by your local provider.

You authorize OnSolve to maintain a database of information about you based upon what is included on this form. You understand and agree that your local provider and OnSolve have the ability to modify and/or remove your information from the Services. Such removal is at the sole discretion of the local provider and OnSolve. You acknowledge and agree that, by registering with any of the Services, you consent to be contacted, using an automated dialer and a pre-recorded message, by OnSolve and OnSolve's clients.

You understand and agree that you may request to stop receiving messages through the Services by contacting the phone number listed in any message, by contacting your local provider or by contacting OnSolve at 386-676-0294. You understand and agree that removing your information through your local provider may not remove you from OnSolve's databases if your information is available through a commercially available database, or later re-entered into the Services.

Limitations: YOU UNDERSTAND AND AGREE THAT ONSOLVE, ALONG WITH ITS OFFICERS, MEMBERS, EMPLOYEES, AGENTS, AFFILIATES, PARENTS, SUCCESSORS AND ASSIGNS (THE "RELEASEES") DISCLAIM ANY AND ALL LIABILITY, WHATSOEVER, WHETHER RAISED BY A THIRD PARTY OR OTHERWISE, FOR ANY AND ALL REASONS, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DEATH OR LOSS, INFRINGEMENT, INVASION OF PRIVACY, PROPERTY DAMAGE, AND INTERRUPTION TO BUSINESS, TO YOU AND YOUR HEIRS AND ASSIGNS, WHICH MAY RESULT FROM THE USE OR ANY ERRORS OR OMISSIONS OF THE SERVICES, OR FROM THE FAILURE OF OnSolve TO UPDATE OR PROVIDE ANY INFORMATION THROUGH THE SERVICES.

TO THE MAXIMUM EXTENT PERMITTED BY LAW, IN NO EVENT SHALL ANY RELEASEE BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHATSOEVER (INCLUDING BUT NOT LIMITED TO LOST PROFITS, LOSS OF PRIVACY, LOSS OF CONFIDENTIAL INFORMATION, OR BUSINESS INTERRUPTION) FROM OR DUE TO THE USE, MISUSE OR INABILITY TO USE THE SERVICES, EVEN IF THE RELEASEES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOU EXPRESSLY AGREE THAT THE USE OF THE SERVICES IS AT YOUR SOLE RISK AND THAT THE SERVICES ARE PROVIDED SOLELY ON AN "AS IS," "AS AVAILABLE," AND "WITH ALL FAULTS" BASIS. OnSolve AND OnSolve'S CLIENTS SHALL NOT BE LIABLE TO YOU FOR ANY DAMAGES WHETHER BASED IN CONTRACT, TORT OR ANY OTHER LEGAL THEORY BEYOND A REFUND ANY FEES PAID (IF ANY).

YOU ACKNOWLEDGE THAT YOUR LOCAL PROVIDER IS PROVIDING THE SERVICES AS A PUBLIC SERVICE AND FOR NO COMPENSATION FROM YOU. YOU ACKNOWLEDGE THAT YOUR LOCAL PROVIDER MAY, IN ITS SOLE DISCRETION, TERMINATE THE SERVICES AT ANY TIME. YOU ALSO ACKNOWLEDGE THAT TECHNICAL PROBLEMS OR HUMAN ERROR MAY RESULT IN A FAILURE OF THE SERVICES AT ANY TIME. YOUR ACCESS TO NOTIFICATIONS SENT THROUGH OnSolve'S SERVICES MAY BE TERMINATED AT ANY TIME, FOR ANY REASON. IN CONSIDERATION OF THESE FACTORS, YOU HEREBY WAIVE, RELEASE, AND HOLD HARMLESS YOUR LOCAL PROVIDER, OnSolve, AND THEIR RESPECTIVE PARENTS AND SUBSIDIARIES, FROM ANY CLAIM ARISING FROM A FAILURE, FOR ANY REASON, TO PROVIDE THE SERVICES.

You understand and agree that OnSolve does not have control over telephone service, cellular service and internet service providers which may be necessary for sending messages through the Services. Accordingly, not all calls, texts and other notifications may come through, and such failure shall not be deemed to be the responsibility of OnSolve or your local provider. You understand and agree that the receipt of messages through the Services may cause you to incur phone, text, and data charges, and that OnSolve is in no way responsible for such charges.

You acknowledge that the Services are intended to be used as part of a comprehensive general and emergency notification strategy, which as well as the use of common sense. You understand and agree that the Services are simply a tool to provide you with information, and that you cannot rely on emergency notifications nor treat any of the Services as a life-saving or property-saving device. In the event of an emergency, you must place a phone call to 9-1-1 or your local emergency provider.

COMMONWEALTH OF MASSACHUSETTS

Town of Southwick

454 COLLEGE HIGHWAY, SOUTHWICK, MA 01077

Assessors Office

Telephone (413) 569-0565 Fax (413) 569-3278

Alan L. Hoyt, Chairman
Dean J. Horacek, Vice-Chairman
John F. Cain, Clerk

NOTICE TO ALL SOUTHWICK BUSINESSES

Re: Personal Property Taxation of Individuals, Partnerships, Association or Trusts, Corporations, Limited Liability companies and other legal entities subject to taxation in Southwick.

Mass General Laws Chapter 59 Section 29 requires that the Board of Assessors give notice to all persons subject to taxation in their respective town regarding personal property.

The Form of List (State Tax Form) must be filed each year by all Individuals, Partnerships, Associations or Trusts, Corporations, Limited Liability Companies and other legal entities subject to taxation in Southwick that own or hold taxable personal property on January 1st.

A list of personal property subject to taxation must be filed on or before March 1st of each year. Failure to submit this list may remove certain rights of appeal for the taxpayer.

On May 20, 2008, at the Special Town Meeting the Town voted to accept the provisions of M.G.L. Chapter 59 Section 5 CL54 and in so doing, establishing that the minimum value of personal property for taxation shall be $10,000. This does not exempt the taxpayer from filing a form of List by March 1st.

If you have any questions about the requirements, please contact your tax advisor or the Southwick Assessors office.

Your cooperation will be greatly appreciated.

Southwick Board of Assessors

Alan L. Hoyt, Chairman
Dean J. Horacek, Vice Chairman
John F. Cain, Clerk