TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS

RULES & REGULATIONS FOR BODY ART ESTABLISHMENT LICENSE AND BODY ART PRACTITIONER LICENSE

1. Applicants must completely fill out application forms, including a Criminal Offender's Record Information (C.O.R.I.) application and required plans to the Licensing Office;

2. PLAN REQUIREMENTS: Copy of floor plan, drawn to scale indicating the preparation area and location of equipment, as well as layout of required parking as well as a PDF version;

3. Upon receipt of the application form and required plans, the applicant will be assigned a date and time to appear before the Board of Licensing Commissioners by the Licensing Office. The applicant is required to place a legal notice in the newspaper and notify the abutters by Certified Mail. Legal notice and abutters list will be provided to the applicant to process per items #4 and #5;

4. The applicant, at his/her own expense, shall publish the provided legal notice in the Patriot Ledger (email: legals@wickedlocal.com phone: 781-443-7965) newspaper for ONE day, at least seven (7) days prior to the hearing;

5. Within three (3) days of the placement of the legal advertisement, the applicant must notify all abutters as noted on the provided abutter's list by CERTIFIED MAIL, return receipt requested;

6. One week prior to the assigned meeting date, the applicant must submit the following:
   - Copy of sale or lease agreement for property
   - If applicable, copy of sale or lease agreement for business
   - Articles of Organization, if applicable or a Business Certificate for a Sole Proprietor
   - Copy of the newspaper advertisement
   - Copy of the Certified Mailing receipts, date stamped by the US Post Office

7. Applicant must appear at the scheduled meeting time and place before the Board of License Commissioners to discuss the proposed business operation;

8. If approved by the Board, the license will not be issued until the local inspection team, i.e., Building, Health, and Fire departments have issued their approval for compliance with state and local ordinances;

9. Certificate of Insurance for Worker's Compensation is required to be submitted prior to the release of such license;

10. Said licenses are renewed annually and are subject to review by the Board of Licensing Commissioners.

NOTE: APPLICANT MUST ALSO APPLY SEPARATELY WITH THE HEALTH DEPARTMENT FOR ESTABLISHMENT, PRACTITIONER AND APPRENTICE PERMITS AT WEYMOUTH TOWN HALL - (781) 340-5008.

Mail or Hand Deliver Application Packet to the following address:

Board of Licensing Commissioners
Department of Municipal Licenses & Inspections
Town of Weymouth
75 Middle Street
Weymouth, MA 02189
(781) 340-5004

Please Note: No email applications will be accepted.
Office hours: Monday – Friday from 7:30 AM – 3:30 PM

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS
APPLICATION FOR A BODY ART ESTABLISHMENT LICENSE

The undersigned makes application for a Body Art Establishment License, under the provisions of an Ordinance of the Town of Weymouth, with the privilege of doing business on Sunday, to be exercised on the following described premises, to wit:

1. Business address _____

2. Dimensions of location _____

   NOTE: The rules of the Board of Licensing Commissioners requires that the license, if granted, cannot be transferred or sold without the consent of the Board of Licensing Commissioners.

3. Hours of operation _____

4. Type of body art techniques _____

5. INDIVIDUAL/PARTNERSHIP

6. Name(s) _____

   Address(es) _____Home Tel. _____

   _____

7. CORPORATION

   Name(s) _____

   Address(es) _____ Home Tel. _____

   _____

8. BUSINESS NAME _____Bus. Tel. _____

9. TRASH REMOVAL PLAN _____

   _____

   _____ _____
   Print Name & Title Signature of Applicant

   DATE:_____

TOWN OF WEYMOUTH
BOARD OF LICENSING COMMISSIONERS
APPLICATION FOR A BODY ART PRACTITIONER LICENSE

The undersigned makes application for a Body Art Practitioner License, under the provisions of an Ordinance of the Town of Weymouth, with the privilege of doing business on Sunday, to be exercised on the following described premises, to wit:

1. Business address _____

NOTE: The rules of the Board of Licensing Commissioners requires that the license, if granted, cannot be transferred or sold without the consent of the Board of Licensing Commissioners.

2. Type of body art techniques _____

APPLICANT'S INFORMATION:

3. Name _____

4. Address _____

5. Home Tel. _____

6. Education: _____

_____

7. Credentials: _____

_____

8. Previous Experience: _____

_____

_____ _____
Name & Title Signature of Applicant

Date:_____

Town of Weymouth
Massachusetts

BOARD OF LICENSING COMMISSIONERS

Weymouth Town Hall, 75 Middle Street, Weymouth, MA 02189 - (781) 340-5004 – Fax (781) 335-3283

CORI REQUEST FORM

For the purpose of approving each shareholder, owner, licensee or applicant for a Body Art Establishment and/or Practitioner License, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____-_____-_____ _____
DATE OF BIRTH SOCIAL SEC. NUMBER MOTHER'S MAIDEN NAME
(requested but not required)

CURRENT AND FORMER ADDRESS(ES): _____
_____

SEX_____ HEIGHT_____ft._____inches WEIGHT_____ EYE COLOR_____

STATE DRIVER'S LICENSE NUMBER_____

APPLICANT:

_____ _____
Print Name Signature

NOTARY:

On this _____ day before me, the undersigned notary public, personally appeared (name of document signer), proved to me through satisfactory evidence of identification, which were _____to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____
Notary

TOWN OF WEYMOUTH ~ BOARD OF LICENSING COMMISSIONERS

EMERGENCY BUSINESS CONTACT FORM

To better serve the business community, the Weymouth Police and Fire Department are updating all emergency business contact information. This information that you provide will enable these departments to contact you or a representative of your business should a problem occur. This information is strictly confidential and will be stored in the respective database. Please complete this form and return it with your town license application.

IT IS ESSENTIAL THAT YOU NOTIFY BOTH THE WEYMOUTH POLICE DEPARTMENT AND THE FIRE DEPARTMENT WHENEVER THIS INFORMATION CHANGES.

BUSINESS NAME:_____

ADDRESS:_____

PRIMARY CONTACT NAME:_____

TELEPHONE:_____ FAX:_____

E-MAIL:_____

List person(s) name in the order to be contacted: (You may list alternate numbers i.e. home/cell)

NAME	POSITION/RELATION	TELEPHONE

1._____

2._____

Type of Business:_____

My business is protected by a: [ ] hold up/panic alarm [ ] burglar/intrusion system

Alarm Service Name:_____Tel.#_____

Does your business contain any material or condition that could be hazardous to police or fire department personnel who may have to enter after business hours? Yes [ ] No [ ]

If so, please state the name of material(s) and where it is located/stored in building:

_____

_____

_____

Submitted by:_____ Date:_____
Printed Name of Authorized Person

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

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 #:_____

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 02-23-15