



CITY OF GARDNER MASSACHUSETTS 01440

95 PLEASANT STREET – ROOM 121
TELEPHONE (978) 630-4058
FACSIMILE (978) 630-2589

RECEIVED

DO NOT WRITE IN THIS BOX

APPLICATION FOR BILLIARD TABLE AND/OR BOWLING ALLEY LICENSE

APPLICANT INFORMATION

Applicant / Licensee Name: _____

Applicant / Licensee Address: _____

Applicant / Licensee phone number(s): _____ Applicant / Licensee E-mail: _____

Social Security Number _____ OR FEIN _____

ESTABLISHMENT INFORMATION

Establishment Name: _____

Establishment address: _____ Establishment Phone: _____

On-Site manager / contact person: _____

License(s) applied for? _____ No. of lanes? _____ No. of billiard tables? _____

THE APPLICANT CERTIFIES THAT ALL STATE TAX RETURNS HAVE BEEN FILED AND ALL STATE AND LOCAL TAXES REQUIRED BY LAW HAVE BEEN PAID AND AGREES TO COMPLY WITH THE TERMS OF ITS LICENSE AND APPLICABLE LAW, AND ALL RULES AND REGULATIONS PROMULGATED THERETO. I FURTHER CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE AND ALSO AUTHORIZE THE LICENSING AUTHORITY OR ITS AGENTS TO CONDUCT WHATEVER INVESTIGATION IS NECESSARY TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

I HAVE RECEIVED AND READ THE PROVISIONS OF MASSACHUSETTS GENERAL LAW CHAPTER 140, §177 AND §§ 201-205.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

DATE SIGNED _____

INDIVIDUAL, PARTNER OR AUTHORIZED CORPORATE
OFFICER OR APPLICANT

NOTICE: THE FILING OF THIS APPLICATION CONFERS NO RIGHTS ON THE PART OF THE APPLICANT TO UNDERTAKE ANY ACTIVITIES UNTIL THE LICENSE HAS BEEN GRANTED. THE ISSUANCE OF A LICENSE UNDER THIS SECTION OR SECTIONS IS SUBJECT TO THE APPLICANT'S COMPLIANCE WITH ALL OTHER APPLICABLE FEDERAL, STATE OR LOCAL STATUTES, ORDINANCES, BYLAWS, RULES OR REGULATIONS. THE LICENSING AUTHORITY RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL INFORMATION IT REASONABLY DEEMS APPROPRIATE FOR THE PURPOSE OF DETERMINING THE TERMS AND CONDITIONS OF THE LICENSE AND ITS DECISION TO ISSUE A LICENSE. THE PROVISIONS OF G.L. C.152 MAY REQUIRE THE FILING OF A WORKERS' COMPENSATION INSURANCE AFFIDAVIT WITH THIS APPLICATION. FAILURE TO FILE THE AFFIDAVIT, ALONG WITH ANY OTHER REQUIRED INFORMATION AND/OR DOCUMENTATION, SHALL BE SUFFICIENT CAUSE FOR THE DENIAL OF THE LICENSE APPLICATION.

LICENSE APPLICATION PROCESSING FEE MUST BE SUBMITTED WITH THIS FORM. MAKE CHECK PAYABLE TO CITY OF GARDNER. MAIL APPLICATION FORM, WORKERS' COMPENSATION AFFIDAVIT AND CHECK TO: CITY CLERK, 95 PLEASANT STREET, ROOM 121, GARDNER, MA 01440-2690.

BILLIARD TABLE AND BOWLING ALLEY LICENSES EXPIRE ON APRIL 30TH ANNUALLY

STATE TAX CERTIFICATION AFFIDAVIT

Individual Social Security # _____ State Identification Number _____ Federal Identification Number _____

Company: _____

P.O. Box (if any): _____ Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

List address(es) of all other property owned by company in Gardner: _____

State whether the applicant is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED.

FEDERAL TAX CERTIFICATION AFFIDAVIT

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (applicant)

belief, has/have complied with all **United States Federal taxes** required by law.

_____ Date: _____

Applicant Authorized Person's Signature (TO BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC)

COMMONWEALTH OF MASSACHUSETTS

WORCESTER COUNTY

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person(s) whose name is signed on the preceding and acknowledged to me that he/she signed it voluntarily for its stated purpose.

(SEAL)

Signature of Notary Public

Commission Expires



City of Gardner Treasurer/Tax Collector

95 Pleasant Street, Gardner, MA 01440 (978) 630-4016

PERMIT/APPLICATION GOOD STANDING CERTIFICATION

License/Permit Applicant Name: _____

Address: _____

License/Permit for which you are applying: _____

Applicants for Building Permits, Site Plan Review, Special Permits, Variances, Conservation Permits, and Water or Sewer Connection Permits must include the following information:

Property Owner Name: _____

Property Address: _____

For City of Gardner Use Only:

- The above named applicant and/or property owner **is** in good standing with all municipal taxes, assessments, betterments, and other municipal fees and/or fines.

City Collector

Health Department/Liquor License Commission

Civil Enforcement Officer

- The above named applicant and/or property owner has entered into a payment plan with the City for all past due municipal taxes, assessments, betterments, and other municipal fees. A copy of said payment plan is attached.

City Collector

- The above named applicant and/or property owner **is not** in good standing with all municipal taxes, assessments, betterments, and other municipal fees.

City Collector

Health Department/Liquor License Commission

Civil Enforcement Officer



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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

PART I. ADMINISTRATION OF THE GOVERNMENT
TITLE XX. PUBLIC SAFETY AND GOOD ORDER
CHAPTER 140. LICENSES
BILLIARD TABLES AND BOWLING ALLEYS

Chapter 140: Section 177. Licensing; public hearing

The licensing board of Boston, the license commission of Lowell, the aldermen of any other city, and the selectmen of any town may grant and may suspend or revoke at pleasure a license which shall be subject to sections two hundred and two to two hundred and five, inclusive, to a person to keep a billiard, pool or sippio table or a bowling alley for hire, gain or reward, upon such terms and conditions as they deem proper, to be used for amusement merely and not for the purpose of gaming for money or for property.

No original license shall be granted under the provisions of this section, except after a public hearing by the appropriate licensing authority, notice of the time and place of which shall have been given, at the expense of the applicant, by the clerk of such licensing authority, by publication not less than seven days prior thereto in a newspaper, if any, published in the city or town of application; otherwise, in the county in which such city or town lies; and notice of which shall also have been given by the applicant, by registered mail, not less than seven days prior to such hearing, to all owners of real estate abutting on the the land on which is located the premises for which said license is sought or directly opposite said land on any public or private street as such owners appear on the most recent local tax list at the time the application for such license is filed.

Chapter 140: Section 178. Business operated without license

Whoever without such license keeps or suffers to be kept in a house, building, yard or dependency thereof, actually occupied or owned by him, a table for the purpose of playing at billiards, pool or sippio, or a bowling alley or an automatic amusement device for hire, gain or reward, or whoever for hire, gain or reward suffers any person to resort thereto for such purpose shall forfeit not more than one hundred dollars.

Chapter 140: Section 201. Right of officers to enter premises; obstruction of entrance

A sheriff, marshal or their deputies, a constable or police officer may at any time enter a billiard, pool or sippio room, bowling alley, skating rink, the licensed premises of a common victualler or room connected therewith, or a grove required to be licensed under section one hundred and eighty-eight, or any building therein, for the purpose of enforcing any law; and whoever obstructs or hinders the entrance of such officer shall be punished by a fine of not less than five nor more than twenty dollars.

Chapter 140: Section 202. Signature on, record, contents and term of licenses; fees

Licenses granted elsewhere than in Boston to dealers in junk, old metals and second hand articles, junk collectors, pawnbrokers and keepers of billiard saloons, pool or sippio rooms or tables, bowling alleys, roller skating rinks, carousels, inclined railways, Ferris wheels, outdoor exhibitions of fire fighting for the amusement of the public and picnic groves shall be signed by the clerk of the city or town where they are granted. Every such license shall, before being delivered to the licensee, be recorded by such clerk, in a book kept for that purpose. Such license shall set forth the name of the licensee, the nature of the business, and the building or place in such city or town in which it is to be carried on, and shall continue in force until May first following unless sooner revoked. The board or officer issuing such a license shall, except as provided in section seventy-seven, receive for the use of the city or town such amount, not less than two dollars for each license, as the board or officer considers reasonable. In Boston licenses for billiard saloons, pool or sippio rooms or tables, bowling alleys and picnic groves shall be signed by the licensing board and recorded by its clerk and licenses for roller skating rinks, carousels, inclined railways, Ferris wheels and outdoor exhibitions of fire fighting for the amusement of the public shall be signed by the mayor and recorded by his clerk; the other licenses referred to in this section shall be signed by the police commissioner and recorded by his clerk.

Chapter 140: Section 203. Effective date of license

Such licenses may be granted in April, to take effect on May first following.

Chapter 140: Section 204. Coverage of license

A license issued as aforesaid shall not protect the holder thereof in a building or place other than that designated in the license unless consent to removal is granted by the licensing board or officer.

Chapter 140: Section 205. Revocation of license; record; notice

Upon the revocation of such a license, such clerk shall note the revocation upon the face of the record thereof, and shall give written notice to the licensee by delivering it to him in person or by leaving it at the place of business designated in the license.