



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 LICENSE TO SELL AND PEDDLE
MEAT, FISH, FRUIT AND VEGETABLES**

APPLICANT INFORMATION

Business Name: _____ Business Phone: _____

Doing Business As (D/B/A) (if applicable): _____

Street Address with Zip Code: _____

Tax Identification Number: _____ Check one: _____ SSN _____ FEIN _____

Mailing Name (where correspondence sent): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Phone: _____

Emergency Contact 2: Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Massachusetts Hawkers and Peddlers License Number (Attach a copy) _____

Date of Issuance: _____

Detailed description of the wares to be peddled: _____

Detailed description of the vehicle, cart or display to be used: _____

Expected areas of operation: _____

Expected dates and hours of operation: _____

Attach a list of names and addresses of all employees who will be working under this License.

Have you or any employees who will be working under this license been cited by the GARDNER Police for illegally vending in the City during the past year? _____

ACKNOWLEDGEMENT

I HEREBY STATE THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE, AND I UNDERSTAND THAT ANY INFORMATION THAT IS FOUND TO BE FALSE OR MISLEADING WILL RESULT IN THE FORFEITURE OF THIS LICENSE, AND THAT I WILL BE REQUIRED TO WAIT ONE YEAR BEFORE SUBMITTING A NEW APPLICATION, AND THAT I MAY BE SUBJECT TO CRIMINAL PROSECUTION PURSUANT TO MGL c.101. I ALSO UNDERSTAND THAT ANY VIOLATION OF THE CITY'S RULES AND REGULATIONS PERTAINING TO TRANSIENT VENDORS, HAWKERS, OR PEDDLERS COULD SUBJECT ME TO ARREST, FINE, AND/OR LOSS OF THIS LICENSE.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

DATE SIGNED _____
INDIVIDUAL, PARTNER OR AUTHORIZED CORPORATE OFFICER OR APPLICANT

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.

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.

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

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 #: _____

<p>Official use only. Do not write in this area, to be completed by city or town official.</p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other _____</p>	
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

Chapter 428

HAWKERS AND PEDDLERS

ARTICLE I General Regulations

§ 428-1. Sale of meat, fish, fruit or vegetables.

§ 428-2. Violations and penalties.

ARTICLE II Scope of Operation

§ 428-3. Operation on Sunday and holidays prohibited; location restricted.

§ 428-4. Operation near schools, playgrounds and parks restricted.

§ 428-5. Examination by police.

§ 428-6. Violations and penalties.

[HISTORY: Adopted by the City Council of the City of Gardner as indicated in article histories. Amendments noted where applicable.]

GENERAL REFERENCES

Junk dealers and dealers in secondhand articles — See Ch. 450.

Yard sales — See Ch. 664.

ARTICLE I General Regulations

[Adopted 3-18-1911 as Arts. XXVI and XXIX of the General Bylaws; amended in its entirety 11-18-2013 by Ord. No. 1563]

§ 428-1. Sale of meat, fish, fruit or vegetables.

No person, except one duly licensed therefor by the Director of Standards of the commonwealth, shall go from place to place in this City selling or bartering, or carrying or exposing for sale or barter, any meats, fish, fruit or vegetables, in or from any cart, wagon or other vehicle, or in any other manner, without a license therefor from the City Council; provided, however that this section shall not apply to any person who sells only fruit and vegetables raised or produced by himself or by his family or fish which is obtained by his own labor or labor of his family. Said license, unless sooner revoked by the City Council, shall expire one year from the date of issue, and each person so licensed shall pay therefor a fee as established in Article II of Chapter 390, Fees, of this Code.

§ 428-2. Violations and penalties.

Whoever violates any of the provisions of this article shall be punished by a fine not exceeding \$20 for each offense.

PART I. ADMINISTRATION OF THE GOVERNMENT

TITLE XV. REGULATION OF TRADE

CHAPTER 101. TRANSIENT VENDORS, HAWKERS AND PEDLERS

Chapter 101: Section 5. Local license; application; fee; statement of transient vendor; certificate; endorsement of town clerk

Section 5. Every transient vendor, before making any sales of goods, wares or merchandise in a town, shall make application to the aldermen or selectmen or other board authorized to issue such licenses and, unless the fee therefor is fixed as hereinafter provided, shall file with them a true statement, under oath, of the average quantity and value of the stock of goods, wares and merchandise kept or intended to be kept or exposed by him for sale. Said board shall submit such statement to the assessors of the town, who, after such examination and inquiry as they deem necessary, shall determine such average quantity and value, and shall forthwith transmit a certificate thereof to said board. Thereupon the board shall authorize the town clerk, upon the payment by the applicant of a fee equal to the taxes assessable in said town under the last preceding tax levy therein upon an amount of property of the same valuation, to issue to him a license authorizing the sale of such goods, wares and merchandise within the town. The board may, however, authorize the issue of such license without the filing of said statement as aforesaid, upon the payment of a license fee fixed by it. Upon payment of such fee, said town clerk shall thereupon issue such license, which shall remain in force so long as the licensee shall continuously keep and expose for sale in such town such stock of goods, wares or merchandise, but not later than the first day of January following its date. Upon such payment and proof of payment of all other license fees, if any, chargeable upon local sales, such town clerk shall record the state license of such transient vendor in full, shall endorse thereon "local license fees paid" and shall affix thereto his official signature and the date of such endorsement.