



**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 FORTUNE TELLER LICENSE**

Name of Applicant: \_\_\_\_\_  
Applicant's Length of Residency in Gardner and Years Residing: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Owner of Business: \_\_\_\_\_  
Name of Manager of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Telephone # of Business: \_\_\_\_\_  
Facsimile # of Business: \_\_\_\_\_  
Expected Opening Date: \_\_\_\_\_  
Hours of Operation (specify days of week along with opening and closing hours):  
\_\_\_\_\_

List all services which will be provided. Please attach additional pages if necessary.

Name/Type of Service

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, §185I.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

\_\_\_\_\_  
INDIVIDUAL, PARTNER OR AUTHORIZED CORPORATE OFFICER OR APPLICANT  
DATE SIGNED \_\_\_\_\_

**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 CORI FORM AND CHECK TO: *CITY CLERK, 95 PLEASANT STREET, ROOM 121, GARDNER, MA 01440-2690*.**

**FORTUNE TELLER LICENSES EXPIRE ON APRIL 30<sup>TH</sup> 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

COUNTY OF WORCESTER

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

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## 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: \_\_\_\_\_

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### 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







**PART I. ADMINISTRATION OF THE GOVERNMENT  
TITLE XX. PUBLIC SAFETY AND GOOD ORDER  
CHAPTER 140. LICENSES**

**Section 185 I: Fortune tellers; license**

No person shall tell fortunes for money unless a license therefor has been issued by the local licensing authority.

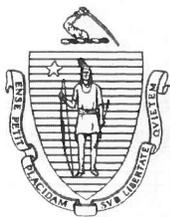
Said license shall be granted only to applicants who have resided continuously in the city or town in which the license is sought for at least twelve months immediately preceding the date of the application.

No such license shall be transferred or assigned.

Unless otherwise established in a town by town meeting action and in a city by city council action, and in a town with no town meeting by town council action, by adoption of appropriate by-laws and ordinances to set such fees, the fee for each license granted under this section shall be two dollars, but in no event shall any such fee be greater than fifty dollars.

Whoever tells fortunes for money unless licensed under this section shall be punished by a fine of not more than one hundred dollars.





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><b>Are you an employer? Check the appropriate box:</b></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><b>Business Type (required):</b></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><b>Official use only. Do not write in this area, to be completed by city or town official.</b></p>	
City or Town: _____	Permit/License # _____
<p><b>Issuing Authority (circle one):</b></p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)