



**TOWN OF
PETERSHAM
SELECTBOARD**

3 South Main Street

P.O. Box 486

Petersham, MA 01366

stevenboudreau391@gmail.com

www.townofpetersham.org

978-724-3353

Fax 978-724-3501

Dear Petersham Business Owner:

To obtain a license from the Selectboard to operate a business in Petersham as required by town by-laws, please complete the enclosed Worker's Compensation Insurance Affidavit, the completed Business Application Check List with required signatures and return them to this office. The business description is to include what you are asking to be licensed for, including the location of the business and any parking considerations (see zoning section of bylaws for parking).

A check payable to the Town of Petersham in the amount of \$15.00 should be included with your application for most (but not all) application types. You may wish to check with the Selectboard office if in doubt regarding the cost of your particular license. Licenses will be valid for a period of three years.

The Historic District sign-off is required only if the business is located in the Historic District. Enclosed is a map of affected parcels.

Please note that each of these applicable departments/boards must sign off before a license will be issued. Also note that a business license issued by the Selectboard is NOT the same as a permit required by the Town Clerk or the Zoning Board of Appeals. Please check the town by-laws under Zoning by-laws to see if your business falls within ZBA guidelines.

If you are operating under a business name other than your personal name you must also obtain a "DBA" (doing business as) certificate from the Town Clerk. An application is provided in this packet. This form must be notarized and the Town Clerk can do this for you at no additional charge. This form is returned directly to the Town Clerk.

If you have any questions, don't hesitate to call the office at the above number.

APPLICATION FOR A NEW BUSINESS LICENSE

CHECK LIST

Prior to the Selectboard issuing a new business license, you must contact each of the following town departments or boards/commissions for a sign-off. They will inform you if you need to comply with any of the town by-laws prior to sign-off. This completed form must accompany your license application. It is your responsibility to obtain these signatures.

Meeting times are subject to change and can be confirmed by viewing the website www.townofpetersham.org or official posted meeting times on the website www.mytowngovernment.org/01366.

The Zoning Board of Appeals usually meets the 3rd Tuesday of the month in the Town Office Building in the upstairs conference room. Don O'Neil is the Chair and can be reached at 978-724-0076.

The Inspector of Buildings, Brianna Skowyra, has office hours in the Town Office Building (upstairs) on Mondays (except holidays) from 5:00 p.m. to 6:00 p.m. and can be reached at 978-724-3586.

The Historic District Commission meets the 3rd Thursday of the month at 7:00 p.m. at the Petersham Memorial Library. Nancy Allen is the Chair and can be reached at 978-724-0075. This sign-off is needed only if the business is located in the Historic District.

DATE	DEPT./BOARD	SIGN-OFF
_____	Zoning Board of Appeals	_____
_____	Inspector of Buildings	_____
_____	Historic District Commission	_____

Name of business _____

Description of business _____

Your full name _____

Business location _____

Any parking considerations _____

Mailing address _____

SS or FEIN # operating under _____



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

Workers' Compensation Insurance Affidavit: General Businesses

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><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</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 #: _____

TOWN
of PETERSHAM
MASSACHUSETTS

PETERSHAM
HISTORIC
DISTRICT

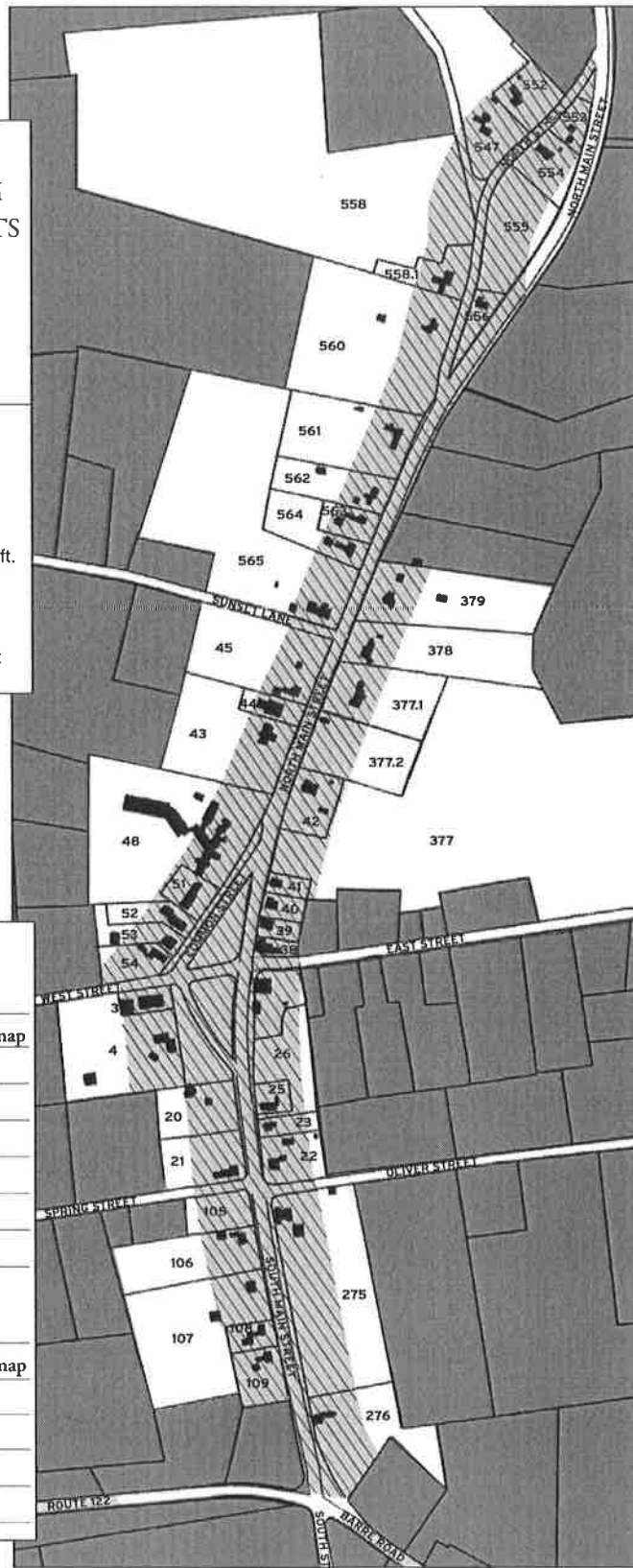
- Parcel No. Parcels in the District
- District Area indicates 200 ft.
- Abutting Parcels Not in District

Approved by
Petersham Historic
District Commission
DATE: MAY 26, 2016

Signed original of this map
is on file in Town files
*[with HDC, Town Clerk,
Building Inspector]*

Approved by
Petersham Planning Board
DATE: JUNE 23, 2016

Signed original of this map
is on file in Town files
*[with HDC, Town Clerk,
Building Inspector]*





TOWN OF PETERSHAM

OFFICE OF THE TOWN CLERK

Diana L. Cooley

PO Box 486 * 3 South Main St. * Petersham, MA 01366 * (978) 724-6649

Business Certificate (dba) Fee: \$20.00

In conformity with the provisions of chapter one hundred and ten, section five of the General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of

At

_____ (address including mailing if different)

by the following named person(s): include corporate name and title, if corporate officer)

Full Name

Residence

Signatures: NOTARIZED

The Commonwealth of Massachusetts

ss.

_____, 2000

Personally appeared before me the above-named _____

And made oath that the foregoing statement is true.

(Seal)

Title

In accordance with the provisions of chapter 337 of the Acts of 1985 and chapter 110, section 5 of Mass. General Laws, Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than Three Hundred Dollars (\$300.00) for each month during which such violation continues.

Certificate Expires _____



D

Town of
Petersham, Massachusetts 01366-0486
978-724-3353 978-724-3501 (FAX)

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State taxes as required under law.

*Signature of Individual or Corporate Name (Mandatory)

Print Individual or Corporate Name

By: Corporate Officer (Mandatory, if applicable)

**Social Security Number (Voluntary) or Federal Identification Number
(A number must be provided.)

DATE: _____

*This license will not be issued unless this certification clause is signed by the applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

Information and Instructions

D

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia