TOWN OF IPSWICH

IPSWICH, MASSACHUSETTS 01938

Pamela Z. Carakatsane, CMMC/CMC
Town Clerk

25 Green Street
(978) 356-6600

CLASS III LICENSE

NEW LICENSES - REQUIRED DOCUMENTATION:

1. Town of Ipswich Application form
2. Fee in the amount of $100.00
3. REAP Form (Revenue Enforcement and Protection Attestation Form)
4. CORI
5. Workers' Compensation Insurance Affidavit
6. Workers' Compensation Policy Declaration Page
7. Government Issued ID

RENEWAL LICENSES - REQUIRED DOCUMENTATION:

1. Town of Ipswich Application form
2. Fee in the amount of $100.00
3. REAP Form (Revenue Enforcement and Protection Attestation Form)
4. Workers' Compensation Insurance Affidavit
5. Workers' Compensation Policy Declaration Page

TOWN OF IPSWICH

OFFICE OF THE TOWN CLERK

APPLICATION FOR RENEWAL OF

CLASS III LICENSE

(MGL Ch 140 §§ 57, 58; Ch 62C § 49A; Ch 152 § 25C(6) & By-Law Ch XIV Sec. 2-4; Ch CV Sec 18)

TOWN CLERK STAMP

(04/03/14 P. Carakatsane)

***** **ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED** *****

NEW APPLICATIONS	REQUIRED DOCUMENTATION	
□ Fee - $ 100.00	□ Workers' Compensation Insurance Affidavit	□ REAP Form
□ CORI	□ Worker's Compensation Policy Declaration Page	□ Government Issued ID

RENWAL APPLICATION	REQUIRED DOCUMENTATION
□ Fee - $ 100.00	□ Workers' Compensation Insurance Affidavit
□ REAP Form	□ Worker's Compensation Policy Declaration Page

Applicant's Name: _____ Applicant's Phone: _____

Applicant's Address: _____ Applicant's Date of Birth: _____

Business Name: _____ Business Phone: _____

Location of Business: _____ SS # or FID # _____

I HEREBY SWEAR (AFFIRM) UNDER THE PAINS AND PENALTIES OF PURJURY THAT I AM THE PERSON NAMED ABOVE AND THAT THE INFORMATION PROVIDED BY ME IN THIS DOCUMENT IS TRUE.

Applicant's Signature _____ **Date** _____

NEW APPLICATIONS ONLY

PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTORS PRIOR TO SUBMITTING TO THE TOWN CLERK'S OFFICE

Building Inspector: _____ □ Date _____ □ Recommend □ Do Not Recommend

Fire Chief: _____ □ Date _____ □ Recommend □ Do Not Recommend

Police Chief: _____ □ Date _____ □ Recommend □ Do Not Recommend

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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

_____

*Signature of Individual or Corporate Name (Mandatory)

_____

By: Corporate Officer (Mandatory, if applicable)

_____

** Social Security # or Federal Identification Number

* 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, § 49A.

IPSWICH
POLICE DEPARTMENT

15 Elm Street
IPSWICH, MASSACHUSETTS 01938

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Town of Ipswich is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Ipswich to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Ipswich with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Ipswich may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Ipswich must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ SIGNATURE

_____ DATE

SUBJECT INFORMATION:

_____

Last Name First Name Middle Name Suffix

_____

Maiden Name (or other name(s) by which you have been known)

_____ _____

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number: _____-_____

Sex: _____ Height: _____ft. _____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

_____ _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

The above information was verified by reviewing the following form(s) of government issued identification:

_____

_____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

Print Form

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

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 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
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia