

## INSTRUCTIONS:

Please complete application packet in its entirety.

The Assessor's Map and Lot #'s may be obtained at the Assessor's office, Town Hall, 10 Nickerson Ave.

Once you have the application form complete, please bring it to the Treasurer/Collector's office on the 3<sup>rd</sup> floor of the Town Hall Annex (Eastern Bank building), 20 Centre Street, and have the Treasurer/Collector confirm that no taxes are outstanding by indicating so on the bottom of the form.

The entire application packet may then be submitted to the Selectmen's office for consideration.

The annual fee for this license is \$50.00 payable at the office of the Town Clerk after approval by the Board of Selectmen. You will be notified as to when your license is available for pick up. This license renews annually on May 1<sup>st</sup> by a vote of the Board of Selectmen.

If you have any questions, please feel free to contact Jackie in the Selectmen's office: 508 946-2405

Thank you.

**LICENSE APPLICATION**

Date.....

Name of Business.....

Name of Applicant/Petitioner.....

Address/Location for Permit Use.....

Assessor's Map and Lot# for Permit Use. ....

Address of Applicant/Petitioner.....

F.I.D. # of Applicant/Petitioner.....

Email Address.....

Hours of Operation.....

Please provide description of merchandise for  
sale.....  
.....  
.....

\_\_\_\_\_  
Signature of Applicant

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TO: TREASURER/COLLECTOR  
FROM: SELECTMEN'S OFFICE

Please inform this department, as well as the Board of Selectmen, as to whether or not the above property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does this Property Owner/Petitioner/Applicant owe taxes/municipal charges: \_\_\_\_\_  
(Yes or No)

Signed: \_\_\_\_\_  
(Treasurer/Collector)





The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Employer Information

name:

address: Tax ID #

city: state: zip: phone #

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. Business Type: Retail, Restaurant/Bar/Eating Establishment, Office, Sales (including Real Estate, Autos etc.), Other
I am an employer with employees (full & part time).
I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: phone #:

insurance co. policy #:

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #:

company name:

address:

city: phone #:

insurance co. policy #:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature Date

Print name Phone #

Official use only section with checkboxes for Building Department, Licensing Board, Selectman's Office, Health Department, and Other. Includes fields for city or town, permit/license #, and contact person information.