

**Town of Barnstable
Regulatory Services
Licensing Division**

367 Main Street, Hyannis, MA 02601

www.town.barnstable.ma.us

Telephone: 508-862-4674 Fax: 508-778-2412

Licensing Director
Elizabeth Hartsgrove

Licensing Assistant
Erin Logan

Consumer Affairs Officer
Chris Kelsey

LIQUOR LICENSE APPLICATION
NEW OR TRANSFER

ABCC FORMS & LINKS	TOWN OF BARNSTABLE FORMS & LINKS
<ul style="list-style-type: none"> All ABCC license forms are required to be filled out online and are on the ABCC website. Please click here. ABCC Fee can be paid online CORI Authorization form click here. <p style="text-align: center;">ABCC WEBSITE</p>	<ul style="list-style-type: none"> Town of Barnstable Application (attached) Licensing fee and legal ad fee can be paid by debit or credit card by clicking here. Select Application fee and Legal Ad fee or mail a check in the amount of \$182.22, made payable to the Town of Barnstable to: Licensing Division, 367 Main Street, Hyannis, MA 02601 Licensing Authority Webpage Licensing Authority Rules & Regulations

APPLICATION CHECKLIST

- Written description of premises for license to include outside dining area; must match ABCC application
- New Plans to scale (8 ½ x 11) showing dimensions/square footage of each room, location of entrances & exits, kitchen, restrooms, storage, placement of tables & chairs, stools, and entertainment. Plans must be signed by the Town of Barnstable Building Commissioner
- Entertainment Application (*see attached*) if you propose any entertainment. *Live Amplified Music, TV's and music below conversation level are some examples of entertainment requiring a license*
- Workers' Compensation Affidavit (*see attached*)
- Please refer to page one of the ABCC application for additional requirements**

Fees	ABCC	\$200.00	Hearing required:	Yes	X	No
	Application	\$100.00	Advertise 10 days before:	Yes	X	No
	Legal Ad	\$82.22	Notify abutters:	Yes	X	No
	License	Varies				

The completed application should be forwarded in *electronic format only* to Erin Logan, Licensing Assistant at erin.logan@town.barnstable.ma.us

If you have any questions, please do not hesitate to contact our office and we will be happy to assist.

License Period:

Date:



Town of Barnstable LICENSE APPLICATION

New Application

Renewal

Transfer

Amend

The undersigned hereby applies for a License to conduct business in the Town of Barnstable in accordance with the Statutes of the Commonwealth of Massachusetts and subject to the Ordinances of the License Authorities.

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Name of Applicant/Corporation: Business phone #

Address of Applicant/Corporation: Cell Phone #

Email Address: Federal ID # last 4 digits ONLY

D/B/A: Map/Parcel #

Business Address: Property Owner

Business Mailing Address: Length of Lease

Name of Manager: Manager's Email

License Type: Annual Seasonal

Hours of Operation:

Entertainment: Yes No If yes, the entertainment license application form is required ONLY if previously licensed.
New applications must be filed separately.

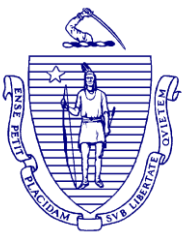
NOTICE: Any misstatement in this application or violation of the applicable town ordinances, bylaws or regulations shall be considered sufficient cause for refusal, suspension, or revocation of any and all licenses.

I warrant the truth of the forgoing statement under the penalty of perjury.

Signature of applicant:

For Town use only

USE PERMITTED WITHIN THIS ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO Special Permit Granted YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, include with application Approved Floor Plan on File YES <input type="checkbox"/> NO <input type="checkbox"/> Occupancy <input type="text"/> Number of Units or Rooms <input type="text"/> Seating Capacity <input type="text"/> Building/Zoning <input type="text"/> Date <input type="text"/> Comments: <input type="text"/>	R.E. Tax Paid Yes <input type="checkbox"/> No <input type="checkbox"/> Attach Comment <input type="text"/>	G. Mgmt Notified Yes <input type="checkbox"/> No <input type="checkbox"/> Attach Comment <input type="text"/>	Cons Com Notified Yes <input type="checkbox"/> No <input type="checkbox"/> Attach Comment <input type="text"/>
	Fire District Date <input type="text"/> Comments: <input type="text"/>	Police Dept. Date <input type="text"/> Comments: <input type="text"/>	Town Clerk Business Cert Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
	Board of Health Date <input type="text"/> Comments: <input type="text"/>	Grease Trap last pumped: Date: <input type="text"/> Comments: <input type="text"/> (must show proof of pumping)	



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 #: _____

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

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia