COMMON VICTUALLER

NEW GOES BEFORE COUNCIL

Business Certificate  ($30.)
Building Commissioner
Board of Health
Fire Chief
Traffic Impact Report
Treasurer/Collector
State Tax
DOR Letter of Compliance
Workers’ Compensation Insurance Affidavit
Ordinance - Chapter 23, Article III Section 17
Medford Zoning Ordinance governing Signs
Petition  ($75.)
Copy of Corporation Papers

RENEWAL December 31st of each year

Board of Health
Fire Chief
Treasurer/Collector
DOR Compliance
Workers’ Compensation Insurance Affidavit
State Tax
Petition  ($75.)
BUSINESS CERTIFICATE NO.

New  Renewal

Fee: $30.00

THE COMMONWEALTH OF MASSACHUSETTS,

CITY OF MEDFORD

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 under the title of:

ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites

FULL NAME  RESIDENCE

Signed

THE COMMONWEALTH OF MASSACHUSETTS

County  20

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 CITY CLERK UPON DISCONTINUING RETIRING OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.

CERTIFICATE EXPIRES: ____________________________ (over)
CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE__________________________

TO: THE BUILDING COMMISSIONER

A PETITION HAS BEEN FILED BY: ____________________________
(Petitioner’s Name)

BUSINESS NAME: ____________________________

FOR ______________________________________
(TYPE OF LICENSE)

TO BE LOCATED AT ____________________________

TELEPHONE NO. ____________________________

__________________________

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

__________________________

BUILDING COMMISSIONER
CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE____________________

TO:  MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY ________________________________

BUSINESS NAME: ________________________________

ADDRESS __________________________________________

FOR ___________________________________________ (TYPE OF LICENSE)

TELEPHONE NO. ____________________________

______________________________________________

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

______________________________________________

MEDFORD FIRE CHIEF
CITY OF MEDFORD
MASSACHUSETTS
OFFICE OF THE CITY CLERK

DATE

TO: THE BOARD OF HEALTH

A PETITION HAS BEEN FILED BY ____________________________ (petitioners name)

BUSINESS NAME ____________________________

FOR ____________________________ AT ____________________________

TYPE OF LICENSE ____________________________ STREET AND NUMBER ____________________________

TELEPHONE # ____________________________

REPORT BY THE BOARD OF HEALTH OF CONDITIONS

DO YOU APPROVE OF GRANTING THIS LICENSE ____________________________

WHAT ARE THE SANITARY CONDITIONS? ____________________________

ENVIRONMENTAL REPORT

______________________________

______________________________

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BOARD OF HEALTH INSPECTOR
CITY OF MEDFORD  
MASSACHUSETTS  

TRAFFIC IMPACT REPORT  
COMMON VICTUALLER’S LICENSE  

To the Honorable, the City Council  
Medford City Hall  
Medford, Massachusetts  02155  

DATE__________________________  

Gentlemen:  

The following is a Traffic Impact Report on a COMMON VICTUALLER’S LICENSE application of ____________________________  

Business Name: ____________________________  

Located at: ___________________________________  

_________________________________________________________________  

MEDFORD Chief of Police
TO: TREASURER/COLLECTOR

AN APPLICATION FOR A __________________________ LICENSE, HAS BEEN RECEIVED, TO BE LOCATED AT____________________________________

____________________________________

PREVIOUS LICENSE HOLDER

____________________________________

PRESENT APPLICANT BUSINESS NAME

TELEPHONE NO._____________________

PLEASE INDICATE ON THIS FORM, IF THERE ARE ANY OUTSTANDING TAXES DUE ON THE PROPERTY.

YES______ IF YES, LIST AMOUNT.

NO______

_____________________

TREASURER/COLLECTOR
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 responsible Individual / Corporate Officer

_________________________________________
Print Name

_________________________________________
Home Address

** Social Security # or Federal Identification Number  Business Telephone No.

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

** Your Social Security Number and / or FID Number will be forwarded 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 Mass. G. L. c. 62C s. 49A.
REQUEST FOR A LETTER OF COMPLIANCE

This is an application for a Letter of Compliance. There is no longer a fee for this service. If this matter is to be discussed with any third parties, a Power of Attorney (Form M-2848) should be attached. Please MAIL your request as soon as possible to the address above or fax your request to (617) 887-6262. For further information, please call (617) 887-6550.

Date of Request

Sec. Sec. # or other identification number(s)

Name of Taxpayer or Partnership

D/B/A—TradeName

Street______________________City/Town______________________State____ Zip Code____

Daytime Telephone #______________________

Please check all that apply:

Under the penalties of perjury, I declare that my company is not responsible for the following taxes.

☐ Withholding Tax ☐ Sales/Use Tax

☐ Meals Tax ☐ Room Occupancy

Signature of Taxpayer

Name and Address of Person to contact regarding this Application:

Name______________________Daytime Telephone #______________________

Street______________________City/Town______________________State____ Zip Code____

Please attach Form 3F, if requester is a Trust. Attach Form 3 and Schedule 3K-1, if requester is a Partnership.

_________________________
Commissioner
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**

<table>
<thead>
<tr>
<th>Business/Organization Name:</th>
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<tr>
<th>Address:</th>
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<tr>
<th>City/State/Zip:</th>
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<tr>
<th>Phone #:</th>
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**Are you an employer? Check the appropriate box:**

<table>
<thead>
<tr>
<th>1.</th>
<th>I am an employer with _______ employees (full and/or part-time).*</th>
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<tbody>
<tr>
<td>2.</td>
<td>I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</td>
</tr>
<tr>
<td>3.</td>
<td>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]**</td>
</tr>
<tr>
<td>4.</td>
<td>We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance required]</td>
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</table>

*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 #3.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

<table>
<thead>
<tr>
<th>Insurance Company Name:</th>
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<tr>
<th>Insurer's Address:</th>
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<th>City/State/Zip:</th>
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<table>
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<tr>
<th>Policy # or Self-ins. Lic. #:</th>
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<th>Expiration Date:</th>
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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 $2,500.00 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.**

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<th>Signature:</th>
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<th>Date:</th>
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<tr>
<th>Phone #:</th>
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**Official use only. Do not write in this area, to be completed by city or town official.**

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<tr>
<th>City or Town:</th>
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<th>Permit/License #:</th>
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**Issuing Authority (circle one):**

|----------------------------------------------------------------------------------------------------------------|

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<tr>
<th>Contact Person:</th>
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<table>
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<tr>
<th>Phone #:</th>
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THE COMMONWEALTH OF MASSACHUSETTS
CITY OF MEDFORD

PETITION

To the Honorable, the City Council
Councillors:
The undersigned respectfully pray that he be granted a Common Victualler License at __________________________
(address)

REQUESTED HOURS __________________________ NAME: __________________________

RESIDENTIAL ADDRESS __________________________ WORK TELEPHONE NUMBER __________________________

PRESENT BUSINESS AT THIS SITE __________________________ HOME TELEPHONE NUMBER __________________________

SQUARE FOOTAGE OF RETAIL SALES __________________________ SIGNATURE __________________________

NOTICE

THIS IS ONLY AN APPLICATION. WHEN THIS APPLICATION HAS BEEN REVIEWED BY VARIOUS MUNICIPAL DEPARTMENTS, YOU MUST APPEAR BEFORE THE CITY COUNCIL, WHO WILL MAKE THE FINAL DETERMINATION OF THIS APPLICATION. THERE IS A POSSIBILITY THAT THIS PETITION MAY NOT BE APPROVED AND YOU MAY NOT CONDUCT BUSINESS UNTIL THE MEDFORD CITY COUNCIL APPROVES THIS APPLICATION.

I have obtained and understand the requirements of the Medford Zoning Ordinance governing signs and will apply for a sign permit prior to altering any existing signs or erecting new signs.

_________________________________________________________
SIGNATURE OF PETITIONER

Applicant has a copy of Medford Zoning Ordinance governing signs.

CITY CLERK’S OFFICE