SPECIAL PERMITS - HOURS

Three (3) area plans showing abutters and abutter to abutters, within 300 feet, o.k.’d by Engineers on the third (3rd) floor.

Give petitioner an Assessors List application.

$49 @ Name on Assessors List for Registered Mail of hearing

Give petitioner a petition to the City Council.

Advertise two (2) weeks in newspaper.* The newspaper will bill the petitioner. Get petitioner’s name, address and telephone number. Note! Daily Mercury must be paid in advance by petitioner (2 days $168.00 total)

Fee for Special Permit $100.00. (Check made out to City of Medford)

*1st ad must be 14 days before hearing date.

Do not need plot plan for special hours.
REQUEST OF THE BOARD OF ASSESSORS TO PROVIDE
A CERTIFIED LIST OF PARTIES IN INTEREST
As required per Massachusetts General Law

Subject Property: ________________________________

Petitioner: ___________________________________

Person to contact: ______________________________

Telephone: __________-______________

Reason for petition: __________________________________

Hearing date: __________________________________

(Check where applicable)

_____ Petitioner

_____ Direct Abutters

☑ Abutters to the Abutters within 300 feet of property line

_____ Owners of land directly opposite on any public or private Street or way

_____ Other (specify)________________________________

__________________________________________________

permit granting authority

__________________________________________________

authorized signature date

Please provide us with _____ sets of mailing labels
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 ________________________________

FOR__________________________

(TYPE OF LICENSE)

TO BE LOCATED AT ________________________________

TELEPHONE NO.________________________

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

______________________________

ZONING DISTRICT______________ BUILDING COMMISSIONER
CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

TO: THE BOARD OF HEALTH

DATE____________________

A PETITION HAS BEEN FILED BY ________________________________

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

______________________________

______________________________

______________________________

BOARD OF HEALTH INSPECTOR
CITY OF MEDFORD  
MASSACHUSETTS  

OFFICE OF THE CITY CLERK  

DATE__________________

TO:  MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY ________________________________

AT ________________________________

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

TRAFFIC IMPACT REPORT

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

DATE ________________________

Gentlemen:

The following is a Traffic Impact Report on an application of ____________

located at ____________________________

Signed:

MEDFORD Chief of Police
CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE____________________

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

* 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________

Soc. 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:

☐ 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** Please Print Legibly

Business/Organization Name:______________________________________________________________

Address:___________________________________________________________________________

City/State/Zip:_________________________ Phone #:_________________________

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**Are you an employer? Check the appropriate box:**

1. ☐ I am an 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.]

*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:_____________________________________________________________________________

---

**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):


6. Other_____________________________________________________

Contact Person:_________________________________________ Phone #:_____________________

www.mass.gov/dia
PETITION

To the Honorable, the City Council

Councillors:

The undersigned respectfully pray that we be granted a Special Permit pursuant to Chapter 94, Zoning Ordinances of The City of Medford by amending the Hours of Operation Under Article 4.10 as follows:

PETITIONER’S SIGNATURE

(PRINT NAME)

RESIDENCE:

BUS. TEL. NO.

HOME TEL. NO.