

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

DATE _____

TO: **THE BOARD OF HEALTH**

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



EDWARD P. FINN
City Clerk

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

Date _____

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.



Commonwealth of Massachusetts

Department of Revenue

Taxpayer Service Division
Certificate Unit
PO Box 7068
Boston, MA 02204

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 _____

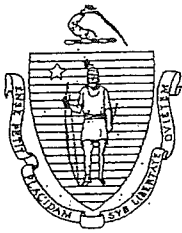
Name and Address of Person to contact regarding this Application:

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

Please Print Legibly

Applicant Information

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
---	--

*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other _____</p>	
Contact Person: _____	Phone #: _____

City of Medford
MASSACHUSETTS



Medford, MA _____ 20__

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. _____