



Naomi Libran
Licensing Administrator
nlibran@chelseama.gov

For the lawful use of the herein described building, or other structure, application is hereby made in accordance with the provisions of Chapter 148 of the General Laws, for a license to use the land on which such building, or other structure, is/are or is/are to be situated, and only to such extent as shown on plot plan which is filed with and made a part of this application.

Total capacity of fuel storage in vehicles: _____

Email Address

Date _____

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION

CERTIFICATE OF REGISTRATION

(City or Town)

(Date)

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that _____,
(Name of license holder) (Address),
is the holder of the license granted for the lawful use of the building(s) or other structure(s) situated or to be situated at _____,
(Street and number) as related to the KEEPING,
STORAGE, MANUFACTURE OR SALE OF FLAMMABLES OR EXPLOSIVES.

NOTE: This certificate of registration must be signed by the holder of the license if said license granted prior to July 1, 1936, otherwise, by the owner or occupant of the land licensed.

(Signature)

(Print Name)

(State whether owner, occupant or holder)

(Address)

Contact Telephone Number

Federal ID/Social Security Number

Received _____, 20____

By _____

WAGE THEFT CERTIFICATION

Pursuant to M.G.L. c. 149, M.G.L. c. 151, I certify under penalties of perjury that, neither this Company nor any of its owners/managers, have been subject to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of M.G.L. c. 149, M.G.L. c. 151, the Fair Labor Standards Act or any other state or federal laws regulating the payment of wages within three (3) years to the date of the License.

Or, I certify that this Company and/or its owners/manager, have provided copies of any and all of the above to the City prior to the date of the renewal of any license and any required wage bond or insurance; and certifies, that while the License is in effect, it will report any instance of the above to the City within five (5) days of business' receipt.

Signature

Federal Tax ID No. or Social Security No.

Date

RESPONDENTS MUST SUBMIT THIS COMPLETED FORM WITH APPLICATION AND/OR RENEWAL.

**CERTIFICATE OF COMPLIANCE
PROVIDING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 of the Massachusetts General Laws requires that every local licensing authority shall withhold the issuance or renewal of a license or permit to operate a business or to construct a building(s) in the Commonwealth until it has received acceptable evidence of compliance with Workers' Compensation Insurance coverage required by law.

As a person or company seeking renewal of a license, you must submit with your application, a Certificate of Insurance showing workers' compensation insurance in effect as of the date upon which renewal of a license is requested.

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the following situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

- () I am self-employed and have no employees who work for me, and perform all the work of my business, at Chelsea, Massachusetts, myself. Therefore, I am not required to obtain workers' compensation insurance.
- () I, and _____ are the owners of the business
_____, at Chelsea, Massachusetts, and we have no employees.
Therefore, we are not required to obtain workers' compensation insurance

I certify that the above is true and correct under the pains and penalties of perjury this _____
Day of _____, 20____.

Signature

COMMONWEALTH OF MASSACHUSETTS

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared the above named person(s) whose name is signed above, and swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief.

(seal)

Identification presented: _____

Notary Public
My Commission Expires: _____