



COMMON VICTUALLER LICENSES

A CV LICENSE IS NOT NEEDED FOR A TAKE-OUT RESTAURANT

NEW BUSINESS

1. Do not become involved in a lease before you are certain that the license you have applied for will be granted. Before signing/committing to a lease, and before major renovations begin you must have an approved CV license.
2. Applications are available in the Selectmen's Office or can be downloaded on the Town of Norwood web page under Selectmen. The forms include the Building Inspector, Board of Health, Worker's Comp and Norwood Light Department, and Treasurer. As part of the application process, these forms must be signed by the Building Inspector, Board of Health, Norwood Light Department and the Treasurer's office.
3. There is NO TRANSFER of an existing CV license. Each application is considered on its own merit. Previous owners must write a letter saying that they will be surrendering their license.
4. When you have selected a site for a new business, you must check with the Building Inspector regarding zoning of establishment. You will be advised as to permits, requirements for handicapped accessibility, etc.
5. According to Chapter 140, Section 6, of the MGL, you must submit a plan of the premises, showing building, entrances, exits, as well as access and egress to the property. You must give a cost estimate of equipment, including tables, chairs, counters, booths, etc.
6. Your application will be placed on the agenda, for the Board to review and you will be invited to attend the meeting.
7. After the meeting, you will be informed, in writing, of the Board's approval. Upon presentation of an occupancy permit (if needed) from the Building Inspector, certificate from the Board of Health and Workmen's Compensation form.

ALL OUTSTANDING ELECTRIC/WATER BILLS MUST BE PAID BEFORE APPROVAL IS GIVEN.



APPLICATION FOR LICENSE

DATE: _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a License is hereby made by:

1. APPLICANT: _____
(Full name of person, firm or corporation making application)
2. HOME ADDRESS: _____
TELEPHONE: _____
3. NAME OF ESTABLISHMENT: _____
TELEPHONE: _____
4. ADDRESS: _____
5. EMAIL ADDRESS: _____
6. FEDERAL ID NO.: _____
7. DAYS/HOURS OF OPERATION: _____

Please fill out the following if applicant is an individual. A separate application form must be filled out by each partner if license is for a partnership. If a corporation, please submit corporation papers to the Selectmen's Office.

Name _____ Address _____

Date of Birth: _____ Place of Birth _____

State clearly purpose for which license is requested:

Have you been before any court for a violation of law? _____

For what offense? _____

What was the disposition of your case? _____

List the following references, with complete names and addresses including zip code numbers:

Business affiliations past five years:

Personal references:

Bank references:

In accordance with Massachusetts General Laws, Chapter 233, Section 35, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and towns over 5,000 require the following statement before issuing the above license.

Pursuant to M.G.L., Ch. 62C, Sec. 49A, 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.

**

Federal ID No.

Signature of Applicant

By

Corporate Officer (If applicable)

*Your Federal Identification number will be furnished 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 MGL, Chapter 62C, S. 49A. If you do not have a Federal Identification number, your social security number will be furnished to the Mass. Dept. of Revenue.

****ALL OUTSTANDING ELECTRIC/WATER BILLS MUST BE PAID BEFORE APPROVAL IS GIVEN.**



BOARD OF HEALTH

**BEFORE YOU SUBMIT YOUR APPLICATION FOR A COMMON VICTUALER LICENSE
YOU MUST SPEAK WITH THE BOARD OF HEALTH AND THIS FORM MUST BE
RETURNED TO THE SELECTMEN'S OFFICE WITH YOUR APPLICATION.**

DATE: _____

APPLICANT: _____

LOCATION OF PREMISES: _____
Street State Zip

Telephone Cell

LOCATION OF PREMISES:

_____ Floor plan to scale with equipment

_____ Specification sheets for equipment

_____ Proposed menu

_____ Plan review has been completed and approved.

GREASE TRAP/INTERCEPTOR:

_____ Information given

_____ Required

_____ Not Required (reason) _____

FOOD PREPARATION SERVICE COURSE

_____ Yes _____ NO Comments: _____

Board of Health: _____



BUILDING DEPARTMENT

BEFORE YOU SUBMIT YOUR APPLICATION FOR A LICENSE YOU MUST SPEAK WITH THE BUILDING INSPECTOR AND THIS FORM MUST BE RETURNED TO THE SELECMEN'S OFFICE WITH YOUR APPLICATION.

BUILDING INSPECTOR

DATE:

APPLICANT

LOCATION OF PREMISES:

BUILDING PERMIT REQUIRED _____ YES _____ NO

NUMBER OF SEATS:

PARKING RESTRICTIONS/REQUIREMENTS:

COMMENTS:

Matthew Walsh, Building Commissioner



TO: Board of Selectmen

DATE:

Before a license can be issued, the Norwood Light Department and the Treasurer's Office must sign off indicating that there are no outstanding fees or charges, water and sewer liens, real estate taxes, personal property taxes, electric light bills, excise taxes etc. which have not been paid.

If you are considering taking over an existing business, the previous owner must have this form certified that there are no outstanding fees or charges.

You must also have the attached forms signed off from the Building Inspector and the Board of Health and you must return them to the Selectmen's Office.

Previous Owner

Phone No.: _____

New Applicant

Phone No.: _____

Norwood Light Department

Approved _____

Treasurer/Tax Collector

Approved _____



Town of Norwood

MEMO

From: Board of Selectmen

Re: Workers' Compensation Insurance

The Commonwealth of Massachusetts, Department of Industrial Accidents has informed towns re the requirement of all parties seeking permits and licenses under M.G.L. c. 152.

These provisions require that all employers, unless exempted by law, must have workers' compensation insurance in effect. Moreover, every local licensing or permitting authority shall withhold any license unless the applicant provides proof of such insurance or provides an appropriate affidavit.

All applicants or candidates for licenses (or renewal) must give proper proof of worker's compensation insurance by completing and signing the attached affidavit and by providing a valid and current Certificate of Insurance showing worker's compensation coverage.

The Certificate and signed affidavit must be returned with your renewal or initial application. Licenses **cannot** be issued until we have this information.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

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.]

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia