



Date: _____

Business Name: _____

Business Location: _____

Assessing Department:

I, _____, have received a Form of List from the assessing department and am aware of the annual filing deadline to report all tangible personal property associated with my business. I am also aware of the necessity to inform the assessing department when I am no longer in business.

Applicant Name (s) _____

_____ Date

Assessing Department Representative _____

_____ Date

Planning Department:

I, _____, have been advised of all permits & licenses that will need to be obtained through the Planning Board.

_____ I have been informed this business certificate requires a Request for Waiver of Site Plan. Once all information is submitted in full, a hearing will be scheduled. I am aware that no business certificate will be issued until the Waiver of Site Plan has been reviewed and approved by the Planning Board. Once all information is approved by the Planning Board I then will I be able to proceed to obtain a Business Certificate.

Applicant Name (s) _____

_____ Date

A Waiver of Site Plan hearing is tentatively scheduled for _____.

Planning Department Representative _____

_____ Date

Waiver approved _____

Town Clerk's Office:

I, _____, have been advised to contact the Secretary of State's office regarding the naming of my business. I am aware that I must file a business certificate which is valid for four years and will need to be renewed after that period. I am also aware if I discontinue my business I will need to file a Statement of Discontinuance.

Applicant Name (s) _____

_____ Date

Town Clerk Representative _____

_____ Date

Check # _____ Date received _____

TOWN OF EAST LONGMEADOW, MASSACHUSETTS



REQUEST FOR WAIVER OF SITE PLAN REVIEW

Property Owner: _____

Owner's Address: _____

Owner's Telephone: _____ Business Owner's Telephone: _____

Name of Proposed Business: _____

Owner of Business: _____

Business Owner's Address: _____

*Property Address: _____

Property District _____ Allowed Use Y ___ N _____

Proposed Hours of Operation: _____

Number of Employees including owner: _____

Date of last Parking Plan with copy of same: _____
(Certified updated plan required if older than 10 years)

Summary of Business Operation: _____

Number of Commercial Vehicles: _____ Amount of product storage: _____

*I, _____ OWNER OF SAID PROPERTY AS

INDICATED ABOVE, HEREBY CERTIFY THAT NO SPECIAL PERMIT HAS BEEN ISSUED FOR THIS PROPERTY.

Signature of Property Owner: _____ Date _____

Signature of Business Applicant: _____ Date _____

ALL AREAS ON THIS APPLICATION MUST BE COMPLETED OR THIS APPLICATION WILL NOT BE ACCEPTED FOR SUBMISSION.

The written decision of the Board will be mailed on or before the following Monday after the meeting date. Revised 2/8/16

Expiration date: _____
(four years)

BUSINESS CERTIFICATE

New Filing Renewal

THE COMMONWEALTH OF MASSACHUSETTS

Fee: \$30.00

TOWN OF EAST LONGMEADOW

_____ 20____

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:

Name: _____ Telephone# _____

Address: _____

City: _____ State: _____ Zip: _____

by the following persons:

Full name

Residence

Signed:

Type of Business: _____

THE COMMONWEALTH OF MASSACHUSETTS

Commonwealth of Massachusetts }
County of Hampden } SS

On this ____ day of _____, 20____, before me, _____
_____, the undersigned Notary Public, personally
(Name of Notary)

Appeared _____
Name(s) of Signer(s)

and proved to me through satisfactory evidence of identity, which was/were
_____, to be the person(s)
(Description of Evidence)

whose name(s) was/were signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

(Signature of Notary Public)

Authorization

(Printed Name of Notary Public)

My commission expires: _____

Non-Residents ONLY doing Business in Massachusetts

Certificate and Statement

Filing Fee: \$25.00 (in addition to regular fee)

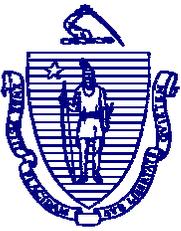
Pursuant to M.G.L. chapter 227, Section 5A, I/We hereby appoint the Town Clerk of the Town of East Longmeadow, and its successors in office, as my/our true and lawful agent upon whom all lawful process may be served in any action arising out of the business described in the front hereof.

Signature (s): _____

Ch. 227, Sec. 5A
Corporate Seal

IMPORTANT NOTICE

This Certificate expires four (4) years from the date of issue. If you cease conducting business before that time, the law requires that you withdraw this certificate with the Office of the Town Clerk.



*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 #: _____

Are you an employer? Check the appropriate box:

- 1. I am a 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia