



City of Framingham

License Administration – Room 203
150 Concord Street – Memorial Building – Framingham, MA 01702-8325
Telephone: 508-532-5402 FAX 508-532-5769
Diane Willoughby, Licensing Coordinator drw@framinghamma.gov

**COMMON VICTUALER LICENSE APPLICATION
(NEW OR CHANGES TO EXISTING LICENSE)**

Application Fee - \$50.00
Hearing Ad Fee - \$125 (only needed if no prior CV License at business address)
License Fee - \$75.00 (payable when license is issued)

PLEASE PRINT CLEARLY

Common Victualer License Only

Common Victualer with Liquor License

_____ Date

New Application _____ Transfer _____/From _____

Other _____

Name of Applicant: _____

Telephone _____ FAX _____ E-Mail _____

Federal ID #: _____ if none, Social Security #: _____

Business Name: _____

Business Address: _____

Telephone _____ FAX _____ E-Mail _____

Name of Proposed Establishment: _____

Days & Hours of operation: _____

Property Owner: _____

Property Owner's Mailing Address: _____

Copy of Floor Plan Enclosed _____

Maximum Seating # _____

Copy of Site Plan Enclosed _____

Maximum Occupancy # _____

Manager: _____

Assistant Manager: _____

(Alcohol License Only)

I, the undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge. Furthermore, I certify under the penalties of perjury, that all taxes, fees, and fines owned have been paid:

Applicant's Signature

Common Victualer Application Requirements
NEW – TRANSFER -- CHANGES

- Completed and signed application form.
- Application fee (\$50) and hearing ad fee (\$125, if applicable) must be submitted with application. One check for both made payable to City of Framingham
- Set of 8-1/2 x 11 floor plans, site plan and *written description**. If no changes to existing floor and/or site plan indicate on application.
- List of equipment AND estimated costs.
- Copy of Business and/or Building Bill of Sale and/or Lease Agreement.
- Business Certificate or if a Corporation, copy of Articles of Organization.
- Check with Building Inspection Department to see if properly zoned (or special permit is required from Zoning Board of Appeals or site plan review from the Planning Board). Submit a set of floor plans and other required applications and information. (508-532-5500)
- Check with Board of Health, Room 205, (508-532-5470) for required applications, permits and submit floor plans.
- Check with Department of Public Works, 100 Western Ave (508-532-6601) for grease trap requirements.
- Check with the Treasurer/Collector's Office, Room 111, (508-532-5430) All Taxes, Fees and Fines must be paid.
- Check with the Fire Department, 10 Loring Drive, (508-532-5943) for current fire code requirements and arrange final inspection
- Completed and signed Workers Compensation Affidavit
- Copy of Information Page from the Workers Compensation Policy or Certificate naming Framingham Licensing Coordinator as Certificate Holder prior to license issuance.
- Menu (at least one week prior to hearing if not available at time of application)

Alcohol server IDs required for everyone who serves alcohol or check's IDs to verify age. Police Department Licensing Bureau, 1 William Welch Way, 508-532-5909

* Floor Plan and description should include the following:

FLOOR PLAN AND DESCRIPTION (CONTENTS) 1) Address, 2) Type of Building, 3) Entrance and Exits, 4) Number of Rooms, 5) Number of Tables and Chairs, 6) Bar Area: Number of Seats, 7) Storage Area (Square Feet), 8) Kitchen Area (Square Feet), 9) Dance Area/Band Area, 10) Outside Serving Area

EXAMPLE – Written Description: 228 Main St., Framingham, MA. Wood frame building with two entrances on Main St. Two exits rear of building. Tables and chairs with seating for 96 people. One bar with seating for 15 people. A basement storage area with 1000 square feet. Kitchen area has 750 square feet. No dance floor. No outside serving area.

Floor plan will “not” be required for annual renewals as long as no changes have been made or requested. Please indicate, if no changes are to be made.

SITE PLAN: All applicants for a Common Victualer's License shall submit to the Board of License Commissioners, with the application, a site plan showing the following information: 1. Layout of parking area. 2. Landscaping

City use only: W/C Affidavit W/C Proof DBA Cert



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 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 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