

Office of the Town Administrator  
508) 520-4949



## **INN HOLDER LICENSE PROCEDURES**

**Annual fee \$125.00**

Apply in writing to the Town Administrator, Municipal Building, 355 East Central Street, Franklin, and MA 02038 with the following information:

- A.** The type of Business
- B.** Hours business conducted
- C.** The names and residential addresses of the applicant and the owners or parties in whose interest this business is to be conducted.
- D.** Manager is required to complete Town of Franklin Application/Checklist
- E.** Workers' Compensation Insurance Affidavit
- F.** Certificate of Compliance with State Tax Laws

### **REVIEW OF APPLICATION**

**The Town Administrator's office will forward copies of application/checklist to the following departments:**

**The Police Chief** - Will initiate a background check on manager.

**Fire Department** - Will do a safety inspection on the premises.

**Board of Health** - Will confirm that all necessary permits are obtained and do a health inspection on the premises. (520-4905)

**Building Inspection Department** –Determines if applicant is in compliance with all building codes and zoning regulations. Applicant must arrange with the Building Inspection Dept. (520-4926) to schedule an inspection of the premises being licensed.

**The Treasurer/Collector** - Will determine whether taxes or municipal charges are due to the Town of Franklin. All monies owed must be paid to date.

**The Town Clerk** - Will confirm that a business certificate was issued.

**The Town Administrator's Office** - Will contact you when a decision has been reached.



**TOWN OF FRANKLIN**  
**APPLICATION FOR LICENSE**  
**Town Administrator's Office**  
**355 East Central Street**  
**508-520-4949**

**License Type:** ☐ Common Victualer Restaurant ☐ Alcohol License ☐ Entertainment ☐ Billiards  
☐ Taxi ☐ Auto Amusement ☐ Class 1 Dealer License ☐ Class 2 Dealer License  
☐ Transient Vendor ☐ Other \_\_\_\_\_

*Include a description*

**Applicant:** \_\_\_\_\_

*(Business owner)*

**Applicant Address:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

*Please attach your business certificate issued by the Town Clerk*

**Business Location:** \_\_\_\_\_

*If different from Applicant Address*

**Hours of Operation:** \_\_\_\_\_

**Manager Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Day Time Phone #** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

**FOR TOWN USE**  
**Check list for Town Departments**

**Fire Chief-** Premises have passed all fire safety inspections: 528-2323 ☐ Yes ☐ No

*Signature and Comments:* \_\_\_\_\_

**Building Inspection-** Premises have passed all building safety inspections: 520-4906 ☐ Yes ☐ No

*Signature and Comments:* \_\_\_\_\_

**Zoning Department-** Premises meet zoning regulations(For new Licenses): 520-4906 ☐ Yes ☐ No

*Signature and Comments:* \_\_\_\_\_

**Treasurer/Collector-** Real estate, Personal Property, Water/Sewer/Trash are current: 520-4950 ☐ Yes ☐ No

*Signature and Comments:* \_\_\_\_\_

**Board of Health-** Proper Permits obtained and food safety inspections passed: 520-4905 ☐ Yes ☐ No

*Signature and Comments:* \_\_\_\_\_

**Police Department-** Application reviewed and manager check completed: 528-1212 ☐ Yes ☐ No

*Signature and Comments:* \_\_\_\_\_



### **CERTIFICATE OF COMPLIANCE WITH STATE LAWS**

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the undersigned acting on behalf on the License Holder, certifies under the penalty of perjury that, to the best of the undersign's knowledge and belief, the License Holder is in compliance with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support\*.

\_\_\_\_\_  
\*\* Signature of Individual or Corporate License Holder (Mandatory)

\_\_\_\_\_  
\*\*\* License Holder's Social Security Number/or Federal Identification Number

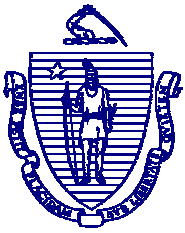
By: \_\_\_\_\_  
Corporate Officer  
(Mandatory, if applicable)

Date: \_\_\_\_\_

\*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

\*\*Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

\*\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a license or other agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.



*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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)