

Town of Franklin

Town Administrator
Tel: (508) 520-4949



Fax: (508) 520-4903

355 East Central Street
Franklin, Massachusetts 02038-1352

Dear Applicant:

To apply for a **Common Victualer Restaurant License** you will need to complete an interactive application and forms on the Alcohol Beverage Control Commission's web site at <https://www.mass.gov/alcoholic-beverages-retail-licenses>, forms must be printed out and delivered to the Local Licensing Authority. The Local License authority for the Town of Franklin is the Town Council.

Application and forms should be mailed or delivered to: **Town Administrator's Office**
Municipal Building, 3rd Floor
355 East Central Street
Franklin, MA 02038

The Town Council will review your application at an advertised public hearing. They meet twice a month. Once all the paperwork is in order, we will determine and inform you of a hearing date you will then place a legal advertisement with Milford Daily News. The applicant is responsible for payment of the legal advertisement.

Abutters must be notified by certified mail within (3) three days after publication of the legal notice. A list can be obtained from our Assessors Office (see-attached form). For purposes of an alcohol license application, an abutter is a person whose property directly touches the proposed premises. **(Not required for a license transfer unless the location is changing.)**

Churches, synagogues, hospitals and public or private elementary or secondary schools located within 500 feet of the proposed premises must also be notified.

Approval of an application by the Town Council is only the first step in the license process. The ABCC must also approve the license. In addition, Proof of Mandatory Liquor Liability Insurance (See attached) is required before we issue you the license.

The annual fee for a Wine and Malt License is \$1500 and the fee for an All Alcohol License is \$2500.

Please call the Town Administrator's Office if you have any questions.



Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
Fax: (617) 727-1258

Timothy P. Cahill
Treasurer and Receiver General

Kim S. Gainsboro
Chairman

ALCOHOLIC BEVERAGES CONTROL COMMISSION ADVISORY MANDATORY LIQUOR LIABILITY INSURANCE

On May 28, 2010 the legislature amended M.G.L. c. 138, §12 by requiring existing licensees and applicants for alcoholic beverages licenses issued under M.G.L. c. 138, §12, to have a **MINIMUM AMOUNT OF MANDATORY LIQUOR LIABILITY INSURANCE COVERAGE**. Effective August 26, 2010, no license under M.G.L. c. 138, §12 shall be issued or renewed until the applicant or licensee provides proof of mandatory insurance coverage by filing a certificate of insurance in a form acceptable to the local licensing authority ("LLA"). As a result, **applicants** for §12 licenses must provide proof of insurance coverage under a liquor legal liability insurance policy for bodily injury or death for a minimum amount of \$250,000 on account of injury to or death of 1 person, and \$500,000 on account of any 1 accident resulting in injury to or death of more than 1 person **as a condition to receive a license**. **Existing §12 licensees**, which include any entities wishing to transfer a license, must provide proof of insurance coverage under a liquor legal liability insurance policy for bodily injury or death for a minimum amount of \$250,000 on account of injury to or death of 1 person, and \$500,000 on account of any 1 accident resulting in injury to or death of more than 1 person **as a condition to renew a license**.

Although LLA's retain the discretion to set the amount of insurance coverage required pursuant to M.G.L. c. 138, §64A for §12 licensees that are repeat offenders in selling or serving alcoholic beverages to under-age or intoxicated individuals, they **DO NOT** have the discretion to increase the minimum amount of insurance coverage required by this new law. Moreover, LLA's should be aware that licensees have the ability to appeal an action of the LLA in requiring insurance pursuant to M.G.L. c. 138, §64A and that after hearing, the ABCC, retains the discretion to modify this amount pursuant to M.G.L. c. 138, § 67.

As a result of this amendment, the ABCC will be revising the renewal applications for calendar year 2011 to ensure compliance with this new LIQUOR LIABILITY INSURANCE law. Individuals with questions concerning this Advisory may contact the ABCC at 617-727-3040 x 31.

(Issued July 27, 2010)

Town of Franklin

355 East Central Street
Franklin, MA 02038



COMMON VICTUALER APPLICATION (Select all that apply)

**ANNUAL FEE \$2,500: ALL ALCOHOL, \$1,500: WINE & MALT, \$500: LICENSE MODIFICATION
\$125: RESTAURANT**

Date: _____

Business Owner: _____
First Middle Initial Last

Address: _____ Telephone #: _____
Town/City zip

Name of Business: _____

Business Location: _____ Telephone #: _____

Corporation Name: (If applicable) _____

Address: _____ FID # _____
Town/City zip

Manager Name: _____
First Middle Initial Last

Address: _____
Town/City zip

Home Telephone: _____ Cell Phone: _____

Date of Birth: _____ Social Security number: _____
Month Day Year

Enclose Manager Resume that includes duties performed at each location.

Description of premises:

Sq. Footage _____ # of Tables _____ # of Seats _____ Type of Restaurant _____

Hours of Operation: _____ to _____

I hereby state that all information provided on this application is true and accurate.

Applicant signature: _____

Common Victualer Licenses are issued in conformity with the authority granted by General Laws, Chapter 140 and amendments thereto. All licenses expire December 31 of each year.

The Town Administrator's office upon receipt will forward copies of all applications to the following departments for their review and recommendations.

Police Chief (508-528-1212) Shall initiate a background check of the proposed manager and review the application to determine if, in his opinion, any public safety hazard would exist by reason of the location or the hours of operation.

Signoff: Yes/No _____ ☐ N/A **Conditions:** _____

Fire Chief (508-528-2323) or his designate, Shall review and examine the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meets all fire safety regulations.

Signoff: Yes/No _____ ☐ N/A **Conditions:** _____

Building Inspection (508-520-4926) Shall examine and review the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meet all building safety regulations and building codes.

Signoff: Yes/No _____ ☐ N/A **Conditions:** _____

Zoning Officer (508-520-4926) Shall examine and review proposed business location to determine if it conforms to all zoning regulations and bylaws.

Signoff: Yes/No _____ ☐ N/A **Conditions:** _____

Board of Health (508-520-4905) Shall examine and review proposed business location to determine if, the premises meets and conforms to the provisions of the State Sanitary Code and any local regulations of the Board of Health and that all necessary health permits have been obtained.

Signoff: Yes/No _____ ☐ N/A **Conditions:** _____

Treasurer's Office (508- 520-4950) Shall examine their records to see that all taxes and fees due to the Town of Franklin are up to date for both the applicant and owner of property to be used for proposed business.

Signoff: Yes/No _____ ☐ N/A **Conditions:** _____

Each of Departments Shall make whatever recommendations it deems necessary to the **Town Administrator's office** (508-520-4949) after review of such application, recommending such measures or restrictions on the issuance of any license as may be necessary to protect the public peace, health, safety or general welfare of the community.

LICENSE ☐ **APPROVED** – Condition (s) _____

☐ **DECLINED** – Reason (s) _____

DATE _____

TOWN ADMINISTRATOR SIGNATURE: _____

The following documents must be submitted with application:

1. **Business Certificate** – You will first need to obtain an approved business verification form from our Building/Inspection/Zoning office. Submit this form to the **Town Clerk's Office** and request a business certificate. Offices are located on the first floor of the Municipal Building
Fee \$40 good for four-years.
2. **Floor Plan of business premises**
3. **Menu**
4. **Certificate of Compliance with State Laws**, completed and signed
5. **Workers' Compensation Insurance Affidavit**, completed and signed with a certificate of insurance attached

Additional documents that must be submitted to our office before a license will be issued:

1. **Food Establishment Permit** - Issued by the **Health Department**- Please visit them to pickup forms and to determine the health codes you will need to meet. The Office is located on the first floor of the Municipal Building.
Fees- seating 1-49 \$150.00 OR seating 50+ \$175.00
2. **Certificate of Occupancy** – Issued by the Building/Inspection/Zoning office, located on the first Floor of the Municipal Building
Fee \$100.
3. **Signs**- Building Permits for signs are issued by Building/Inspection Department. Sign will need to be approved by the Design Review Commission. After Design Review approval, you will need to obtain a Building permit for the sign.

ADDITIONAL INFORMATION YOU NEED TO KNOW

- All taxes, fees and other monies owed to the Town of Franklin must be up to date before license will be issued. This includes the property taxes for the proposed licensed premises.
- Renovations -If you are doing renovations, visit our Building/Inspection/Zoning office to determine what permits are needed.
- Change of Use – If the previous business at your proposed location was not a food establishment, you will need to confirm that restaurants are allowed in that zone. Also, you *may* need additional approval for the change of use.

INSPECTIONS

License will not be issued until premises are inspected and the responsible office has signed off. The Applicant is responsible to schedule the appointments with the following offices:

Building/ Inspection/Zoning	508-520-4926
Board of Health	508-520-4905
Fire Department	508-528-2323



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 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 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



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.

Town of Franklin

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Tel: (508) 520-4949



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355 East Central Street
Franklin, Massachusetts 02038-1352

Manager of Record Experience Policy

The Town of Franklin requires a resume or written statement to be submitted with the application for a new alcohol license, transfer of license or change of manager, which details the proposed manager's experience serving or selling alcohol, training employees who serve or sell alcohol, supervision of employees who serve or sell alcohol and any other relevant experience.

Resumes or written statements are only required for the individual who will be the manager of record for the establishment.

Town of Franklin – Board of Assessors

355 East Central St
Franklin, MA 02038
Tel # 508-520-4920
Fax # 508-520-4923

Abutters List Request Form

Please Note: A \$25.00 fee per list is required to process your request. Payment is due at the time of submission of this form. Please allow 10 days from the date of both payment and submission of the form for the Assessors office to complete processing your request. (Revised 1-1-17)

Date of Request ____ / ____ / ____

Assessors Parcel ID # (12 digits) ____ - ____ - ____ - ____

Property Street Address _____

Distance Required From Parcel # listed above (**Circle One**) 500 300 100
(Note: if a distance is not circled, we cannot process your request)

Property Owner _____

Property Owner's Mailing Address _____

Town/City _____ State _____ Zip Code _____

Property Owner's Telephone # _____ - _____ - _____

Requestor's Name (if different from Owner) _____

Requestor's Address _____

Requestor's Telephone # _____ - _____ - _____

Office Use Only: Date Fee Paid ____ / ____ / ____ Paid in Cash \$ ____.

Paid by Check \$ ____ Check # _____ Town Receipt # _____