



SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947
selectboard@town.billerica.ma.us

One Day Special License Application Checklist

- ☐ Town of Billerica License Application Form to be completed by applicant. All approval signatures must be obtained. **Note: If food is to be served, please contact the Board of Health for a Temporary Food Service Permit.
- ☐ Town of Billerica Criminal Record Background Check form must be filled out and submitted to the Billerica Police Department. This should be submitted when you are obtaining their signature on the application.
- ☐ A check made payable to the Town of Billerica. The fee is \$5.00 per day.
- ☐ A Certificate of Insurance must accompany any and all requests for a one day alcohol license whether the liquor is going to be sold or given away free. (Per Policy of the Select Board, Section 6)
- ☐ If the event is outside, a diagram of where the alcohol will be served must be provided.
- ☐ A One Day Special License for the sale of wines and/or malt beverages may be issued to a responsible Manager of any indoor or outdoor activity or enterprise (for profit or non-profit). One Day Special licenses for the sale of **all alcoholic** beverages may be issued to **non-profit organizations only**. Otherwise, a wine and malt license may only be issued. All alcohol must be purchased from a wholesaler. No person may be granted licenses for more than a total of thirty (30) days per calendar year and no special license will be granted to any person while his/her application for an annual license is pending before the licensing authorities.

No more than one license can be issued for a premise at one time. Therefore, a Special License cannot be issued for use in a licensed premise.

Any request for a Special License must be received by the Select Board no less than **ten (10) days** prior to the next regularly scheduled Select Board meeting. (Per Policy of the Select Board, Section 22.37)

- ☐ Once the application is complete, the application will be scheduled for a Select Board meeting.



**LICENSE APPLICATION
BILLERICA SELECT BOARD**

Fee Paid: \$ _____

ACTION: ☐ **NEW** or ☐ **CHANGE**

| | | |
|------------------------------|------------------|--------------------------------|
| Licensee of Business: | | |
| Doing Business As: | | |
| Street Address: | | Assessors Plate/Parcel: |
| Phone #: | Zip Code: | Tax ID #: |
| Alt. Phone #: | | Email: |

DESCRIPTION OF PREMISES:

Include # floors, total SF, # of patron restrooms, entrance/exit locations, etc. Use additional attachments if necessary and attach a plot plan of the premises if there are exterior changes.

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REQUIRED SIGNATURES: (Obtain necessary approvals before submission)

| | |
|-----------------------------------------------------------------------------------------------------|--------------|
| <u>Building Inspector:</u> | Date: |
| Comments: | |
| <u>Board of Health:</u> *If food is being served, a Temp. Food Service Permit may be needed. | Date: |
| Comments: | |
| <u>Police:</u> | Date: |
| Comments: | |
| <u>Fire:</u> | Date: |
| Comments: | |
| <u>Treasurer:</u> | Date: |
| Comments: | |

| | | |
|-----------------------------|------------------|---------------|
| Manager's Name: | | |
| Street Address: | | |
| City/Town/State/Zip: | | |
| Phone #: | Tax ID #: | Email: |

Requested Hours of Operation: (For new application or for change on license)

| |
|---------------------------------|
| Weekday (Monday-Friday): |
| Saturday: |
| Sunday: |

LICENSE TYPE REQUESTED:

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|--------------------|
| LIQUOR (Circle Option): | On-Premise Retail (S12) | Wine & Malt | All Alcohol |
| | Off Premise Retail (S15) | Wine & Malt | All Alcohol |
| Type of Business S12 Only: Club Hotel/Innkeeper Restaurant | | | |
| 1-Day Special: | Wine & Malt All Alcohol (Non-profit Organizations Only) | | |
| COMMON VICTUALLER (Circle Option): | Restaurant | Innholder | Cafeteria |
| ZBA/Special Permit?: Provide Copy if Yes | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| MOTOR VEHICLE (Circle Option): | Class I | Class II | Class III |
| HAZARDOUS MATERIAL STORAGE (List Type): | | | |
| ENTERTAINMENT: | | | |
| Weekday: (Per MGL, Ch. 140, Section 183A): | | | |
| Sunday: (Per MGL, Ch. 136 – Form 90 Required): | | | |
| Type of Entertainment: | | | |
| | | | |
| | | | |
| AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A) | | | |
| # of Total Devices: | | | |
| Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary. | | | |
| #1: | #5: | | |
| #2: | #6: | | |
| #3: | #7: | | |
| #4: | #8: | | |
| OTHER (Circle Option): | | | |
| Taxi Livery Bowling Auctioneer Other: _____ | | | |
| Licensees Signature: | | | Date: |
| Title: | | | |
| The applicant certifies compliance with all Rules, Regulations, Laws and By-Laws in effect at this time. Under the penalties of perjury, the signature below certifies the above information as true and correct to the best of their knowledge and belief. False statements can result in immediate license revocation. | | | |

NAME OF INDIVIDUAL OR CORPORATION THAT PAYS REAL ESTATE TAXES TO THE TOWN OF BILLERICA:



Town of Billerica Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date: _____

Release: I, _____, _____,
Name of Applicant Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

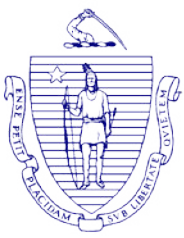
This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

Signature of Applicant

Application Approved: _____

Application Denied: _____

Reason: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 § 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 (check 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

Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia

204 CMR: ALCOHOLIC BEVERAGES CONTROL COMMISSION

204 CMR 7.00: SPECIAL LICENSES

Section

- 7.01: Notice by Local Authority
- 7.02: Licensee
- 7.03: Hours of Sale
- 7.04: Duration
- 7.05: Authorized Suppliers
- 7.06: Local Supervision
- 7.07: Commission Supervision
- 7.08: Severability

7.01: Notice by Local Authority

Not more than ten days after approving a license pursuant to the provisions of M.G.L. c. 138, § 14 (Special License), the local licensing authority shall notify the Commission of such approval in writing. Such notice shall include the name of the city or town, the name and address of the licensee, date of the local authority's approval, the date or dates for which the license is effective, the hours during which sales are authorized, a description of the licensed premises, whether the license is for all alcoholic beverages, wines and malt beverages only, or either of them, whether the licensed activity or enterprise is for profit or nonprofit, whether the license is for a dining hall maintained by an incorporated educational institution authorized to grant degrees, and any restrictions attached to the license by the local authority. The Commission may require use of a form approved by the Commission for this purpose.

7.02: Licensee

A special license, other than a special license for a dining hall maintained by an incorporated educational institution authorized to grant degrees, may be issued only to a natural person, although the licensee may be a responsible manager acting on behalf of a corporation, partnership, or other entity.

7.03: Hours of Sale

The hours during which sales of alcoholic beverages may be made by a special licensee shall be fixed by the local authorities, but no special licensee may sell or deliver any alcoholic beverage between the hours of 2:00 A.M. and 8:00 A.M.

7.04: Duration

No special license, other than a special license for a dining hall maintained by an incorporated educational institution authorized to grant degrees, shall permit sales on more than 30 days, nor may any person be granted special licenses permitting sales on an aggregate of more than 30 days in any calendar year, except as authorized by 204 CMR 7.04. A special license may permit sales on an aggregate of more than 30 days, but not more than 245 days, in any calendar year in or from any municipally owned building that is operated in conjunction with an 18-hole regulation golf course.

7.05: Authorized Suppliers

No special licensee may sell any alcoholic beverage other than those purchased from a licensee under M.G.L. c. 138, §§ 18, 19, 19B, or 19C or from a holder of a special permit to sell issued under M.G.L. c. 138, § 22A.

204 CMR: ALCOHOLIC BEVERAGES CONTROL COMMISSION

7.06: Local Supervision

Whenever, in the opinion of the local licensing authorities, any applicant for a special license fails to establish to their satisfaction his compliance with the requirements of M.G.L. c. 138, duly promulgated state or local regulations, or any reasonable requirements which the local authorities may from time to time make with respect to such licenses or to the conduct of business by such licensees, said authorities may refuse to issue or reissue to any such applicant such license. Whenever in their opinion any special license holder fails to maintain compliance with the requirements of M.G.L. c. 138, regulations, and requirements, they may, after hearing or opportunity therefor, modify, suspend, cancel or revoke such license. The licensing authorities shall mail a notice of such action to the applicant or licensee, stating the reasons such action and shall at the same time mail a copy of such notice to the Commission.

7.07: Commission Supervision

The Commission may investigate the granting of any special license and the conduct of the business being done thereunder, and shall, after hearing, modify, suspend, or revoke or cancel such license if, in its opinion, circumstances warrant.

7.08: Severability

The provisions of 204 CMR 7.00 are severable, and if any provision or the application thereof is held by a court of competent jurisdiction to be invalid, such invalidity shall not affect any other provision of 204 CMR 7.00.

REGULATORY AUTHORITY

204 CMR 7.00: M.G.L. c. 138, § 24; c. 30A, §§ 2 and 3.