



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

### **Automatic Amusement License Application Checklist**

- ☐ Town of Billerica License Application Form to be completed by applicant. All approval signatures must be obtained.
- ☐ Copy of a detailed floor plan indicating where the automatic amusement devices will be located.
- ☐ Name and serial number of each device.
- ☐ A check made payable to the Town of Billerica in the amount of \$25.
- ☐ Worker's Compensation Affidavit
- ☐ 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.
- ☐ Once all the information is submitted together to Select Board Office, it will be added to the agenda of the next Select Board meeting.



**LICENSE APPLICATION  
BILLERICA SELECT BOARD**

Fee Paid: \$ \_\_\_\_\_

**ACTION:**      ☐ **NEW**      or      ☐ **CHANGE**

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

**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.


**REQUIRED SIGNATURES: (Obtain necessary approvals before submission)**

<b><u>Building Inspector:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Board of Health:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Police:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Fire:</u></b>	<b>Date:</b>
<b>Comments:</b>	
<b><u>Treasurer:</u></b>	<b>Date:</b>
<b>Comments:</b>	

<b>Manager's Name:</b>		
<b>Street Address:</b>		
<b>City/Town/State/Zip:</b>		
<b>Phone #:</b>	<b>Tax ID #:</b>	<b>Email:</b>

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

<b>Weekday (Monday-Friday):</b>
<b>Saturday:</b>
<b>Sunday:</b>

**LICENSE TYPE REQUESTED:**

<b>LIQUOR (Circle Option):</b>	<b>On-Premise Retail (S12)</b>	<b>Wine &amp; Malt</b>	<b>All Alcohol</b>
	<b>Off Premise Retail (S15)</b>	<b>Wine &amp; Malt</b>	<b>All Alcohol</b>
<b>Type of Business S12 Only:    Club                      Hotel/Innkeeper                      Restaurant</b>			
<b>1-Day Special:</b>	<b>Wine &amp; Malt                      All Alcohol (Non-profit Organizations Only)</b>		
<b>COMMON VICTUALLER (Circle Option):</b>	<b>Restaurant</b>	<b>Innholder</b>	<b>Cafeteria</b>
<b>ZBA/Special Permit?: Provide Copy if Yes</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>MOTOR VEHICLE (Circle Option):</b>	<b>Class I</b>	<b>Class II</b>	<b>Class III</b>
<b>HAZARDOUS MATERIAL STORAGE (List Type):</b>			
<b>ENTERTAINMENT:</b>			
<b>Weekday: (Per MGL, Ch. 140, Section 183A):</b>			
<b>Sunday: (Per MGL, Ch. 136 – <b>Form 90 Required</b>):</b>			
<b>Type of Entertainment:</b>			
<b>AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A)</b>			
<b># of Total Devices:</b>			
Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary.			
<b>#1:</b>	<b>#5:</b>		
<b>#2:</b>	<b>#6:</b>		
<b>#3:</b>	<b>#7:</b>		
<b>#4:</b>	<b>#8:</b>		
<b>OTHER (Circle Option):</b>			
<b>Taxi                      Livery                      Bowling                      Auctioneer                      Other: _____</b>			
<b>Licensees Signature:</b>			<b>Date:</b>
<b>Title:</b>			
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](http://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:

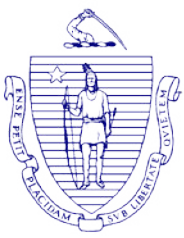
This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

\_\_\_\_\_  
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."

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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**

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