



City of Chelsea

DEPARTMENT OF LICENSING,
PERMITTING AND CONSUMER AFFAIRS
City Hall, 500 Broadway
Chelsea, Massachusetts 02150

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Deborah A. Clayman
Licensing Director

COMMON VICTUALER LICENSE APPLICATION

- 1) If corporation, name of corporation (submit copy of Articles of Organization) _____
- 2) Business Name _____
- 3) Business Address _____
- 4) Business Telephone # _____
- 5) Seating Capacity _____
- 6) Hours of Operation _____
- 7) Type of Menu (Brief Description) _____

- 8) Owner _____
- 9) Date of Birth _____ Social Security No _____
- 10) Home Address _____
- 11) Home Telephone Number _____
- 12) If owner is a corporation, state the following information for the principal officers:
 - Name of President _____
 - Social Security # _____ D/Birth _____
 - Home Address _____
 - Home Telephone # _____
 - Name of Secretary _____
 - Social Security # _____ D/Birth _____
 - Home Address _____
 - Home Telephone # _____
 - Name of Treasurer _____
 - Social Security # _____ D/Birth _____
 - Home Address _____
 - Home Telephone # _____
 - Name of Clerk _____
 - Social Security # _____ D/Birth _____
 - Home Address _____
 - Home Telephone # _____

- 13) Manager of establishment _____
- 14) Manager's social security # _____
- 15) Manager's date of birth _____
- 16) Home address of manager _____
- 17) Home telephone _____
- 18) Did you or any member of the above establishment/corporation have any criminal convictions? If so, please describe: _____

 Signature of applicant

 Federal ID Number

 Date

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I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

 Print Name

 Signature of applicant

 Federal ID or Social Security #

 Date

ALL QUESTIONS MUST BE ANSWERED. ANY FALSIFICATION OF THE FOREGOING INFORMATION WILL LEAD TO IMMEDIATE DENIAL/REVOCAATION.

Application must be submitted to the Licensing Department with the following:

- 1) Application fee (non-refundable) in the amount of \$50, payable to City of Chelsea by check or money order only (not applicable for renewals);
- 2) Copy of certificate of occupancy and/or application for certificate of occupancy, and if applicable, Articles of Organization and/or d/b/a certificate (not applicable for renewals).

Upon receipt of application, public hearing will be scheduled (not applicable for renewals).

Upon approval of application, applicant is required to submit the following:

- 1) License fee in the amount of \$100, payable to City of Chelsea by check or money order only;
- 2) A certificate of insurance showing workers compensation insurance in effect as of the date of issuance of a license or complete and return the enclosed Certificate of Compliance.

Revised: 09/16/03

CERTIFICATE OF COMPLIANCE
PROVIDING COMPLIANCE WITH THE WORKERS COMPENSATION ACT

Section 25C of Chapter 152 of Massachusetts Laws requires that every local licensing authority shall withhold the issuance or renewal of a license or permit to operate a business or to construct a building(s) in the Commonwealth until it has received acceptable evidence of compliance with Workers Compensation Insurance coverage required by law.

As a person or company seeking renewal of a license, you must submit with your application, a certificate of insurance showing workers compensation insurance in effect as of the date upon which renewal of a license is requested.

In certain circumstances, listed below, workers compensation insurance is not required. If one of the following situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

- () I am self employed and have no employees who work for me, and perform all the work of my business, at Chelsea, Massachusetts, myself. Therefore, I am not required to obtain workers compensation insurance.

- () I and _____ are the owners of the business _____, at Chelsea, Massachusetts, and we have no employees. Therefore, we are not required to obtain workers compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____, _____.

Signature

COMMONWEALTH OF MASSACHUSETTS

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared the above named person(s) whose name is signed above, and swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief.

(seal)

Identification presented: _____

Notary Public

Commission Expires: _____