



City of Chelsea  
**LICENSING COMMISSION**  
 City Hall, 500 Broadway  
 Chelsea, MA 02150

Telephone: 617-466-4050  
 Fax: 617-466-4059  
 dclayman@chelseama.gov

Deborah A. Clayman  
 City Clerk

**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

=====

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/REVOCATION.**

Return completed application to Deborah A. Clayman, City Clerk, City Hall, 500 Broadway, Room 209, Chelsea, MA 02150, 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)**;
- 3) Certificate of Good Standing from the Massachusetts Department of Revenue.

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.

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: \_\_\_\_\_