

## **Town of Barnstable**

**Regulatory Services** Licensing Division

200 Main Street, Hyannis, MA 02601 www.town.barnstable.ma.us Telephone: 508-862-4771 Fax: 508-778-2412 Regulatory Service Director Richard Scali

Consumer Affairs Supervisor Elizabeth G. Hartsgrove

Consumer Affairs Officer Therese Gallant Administrative Assistant Margaret Flynn

## AUTO DEALER LICENSE CLASS I & CLASS II NEW OR AMEND FORMS LIST

TOWN OF BARNSTABLE FORMS	APPLICANT ITEMS
<ul> <li>Town of Barnstable License Application</li> <li>Auto Dealer Application</li> <li>Workers' Compensation Form</li> <li>Business Certificate</li> </ul>	<ul> <li>Floor plan, to scale, detailing building and display areas. All spaces need to be identified as Customer, display, employee or handicap.</li> <li>*Plan MUST be approved at informal site plan and signed by the Building Commissioner and Deputy Fire Chief (see Class I &amp; II Application Process)</li> <li>Lease Agreement or P&amp;S</li> <li>Contract with Manufacturer of New Vehicles</li> <li>Resume of Manager</li> <li>Articles of Organization /LLC Papers</li> </ul>
License \$150.00	Hearing required: Yes X No

	License	\$150.00	Hearing required:	Yes X	No
Fees	Application	\$100.00	Advertise 10 days before:	Yes X	No
	Legal Ad	\$71.50	Notify abutters:	Yes X	No

Please return all completed forms and applicant items to Licensing Division, 200 Main Street, Hyannis

If you have any questions, please do not hesitate to contact our office and we will be happy to assist.



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# Class I/II Auto Dealer

New or Change of Premise Description Application Process

Step 1	<ul> <li>Applicant files Licensing Application for New or Change of Premise Description Class I or II Auto Dealer License to the Licensing Division (\$100 application fee):</li> <li>If application does not have current stamped plan by Site Plan Review Team, proceed with Steps 2-13</li> <li>If application has current stamped plan by Site Plan Review Team, proceed to Step 11- 13</li> </ul>
Step 2	Site Plan Coordinator accepts one (1) Floor Plan (no larger than 11x17) & Auto Dealer Form with dimensions and entire parcel, identifying all rooms and information on Auto Dealer Form. <i>(filing fees will apply)</i>
Step 3	Permit # is assigned to application, and placed on next Site Plan Review agenda.
Step 4	Floor plan and Auto Dealer form is scanned and emailed to Site Plan Review Team, at least 4 business days prior to meeting.
Step 5	<ul> <li>Site Plan Review Team reviews application, Site Plan Coordinator takes meeting notations.</li> <li>If plan is acceptable, jump to Step 9.</li> </ul>
Step 6	Review Team concerns are typed and distributed via email to applicant, Building, Licensing and Fire within 2 business days of the meeting.
Step 7	Applicant may request meeting with Review Team for clarification prior to second submission.
Step 8	Repeat Steps 2, and 4 - 6.
Step 9	Plan is accepted by Site Plan Review Team and stamped. Approval letter and copy of stamped approved plan emailed to applicant, Building, Licensing and Fire.
Step 10	Applicant may have to file amended Licensing Application to the Licensing Division, depending on final approved plan.
Step 11	Public Hearing Legal Ad placed in Newspaper at least 14 days prior to hearing. (est. \$75 fee)
Step 12	Applicant appears before Licensing Authority for approval.
Step 13	Applicant pays for and picks up License to display on premise. (\$150 license fee)

Process should take approximately 4-8 weeks, depending on application.

License Period:

Date:

Town of Barnstable LICENSE APPLICATION New Application Renewal Transfer Amend

The undersigned hereby applies for a License to conduct business in the Town of Barnstable in accordance with the Statues of the Commonwealth of Massachusetts and subject to the Ordinances of the License Authorities.

### NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Name of Applicant/Corporation:			Business phone	e #	
Address of Applicant/Corporation:			Cell Phone #		
Email Address:			Federal ID #		last 4 digits ONLY
D/B/A:			Map/Parcel #		
Business Address:			Property Owner	r	
Business Mailing Address:			Length of Leas	е	
Name of Manager:			Manager's Ema	ail	
License Type:			Annual	Seasonal	
Hours of Operation:			n is for a restaurant/bar/ to extend operating l ew Year's Eve?		No
Entertainment: Yes	No	If yes, the entertain New a	ment license appl previously li pplications must	censed.	

**NOTICE:** Any misstatement in this application or violation of the applicable town ordinances, bylaws or regulations shall be considered sufficient cause for refusal, suspension, or revocation of any and all licenses.

I warrant the truth of the forgoing statement under the penalty of perjury.

### Signature of applicant:

For Town use only					
USE PERMITTED WITHIN Special Permit Granted Y		R.E. Tax Paid Yes No Attach Comment	G. Mgmt Notified Yes No Attach Comment	Cons Com Notified Yes No Attach Comment	
If yes, include with application		Attach Comment	Attach Comment	Attach Comment	
Approved Floor Plan on File YES NO		Fire District	Police Dept.	Town Clerk	
Occupancy Number of Units or Rooms		Date	Date	Business Cert Filed	
		Comments:	Comments:	Yes No	
Seating Capacity		Board of Health	Groce T		
Building/Zoning	Date	Date		rap last pumped:	
			Date:		
Comments:		Comments:	(must show	proof of pumping)	

License Period:

Date:



New Application Renewal Transfer Amend

### NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Name of applicant/con	rporation:			
D/B/A Name				
Address of applicant/o	corporation:			
Home phone #:	Busi	iness phone #:		
Business location:				
Business mailing add	ress if different from above:			
LICENSE TYPE:	Class I (New and used vehicles )	Class II (Used Vehic	les	
HOURS OF OPERAT	ION:	FID #:	last 4 digits	
Name of Manager/Ow	vner:	email:		
Manager/Owner's hor	ne address:			
Manager/Owner's hor	me phone #:	SSN of Manager/Ow	/ner:	
Name of property own	ner:			
ASSESSOR'S MAP/F	PARCEL #: MAP	PARCEL		
Do you have a sign (free standing/window) listing your business name and hours of operation? Yes No				
Do you have a repair facility associated with your business? Yes No				
If yes, name & addres	ss of facility:			
Do you have an appro	oved parking plan available for inspe	ection? Yes No		
Do you use a compute	er generated version of the Used Ve	ehicle Inventory Book? Yes	No	
Signature of applicant	t:	Date:		
	For Town			
		Health Department		

	Health Department		
# Display/Unregistered Vehicles	HazMat Approval	YES	NO
# Customer Vehicles # Employee Vehicles	Inspector Signature		Date
Total # of Vehicles on Site			
Approved Site Plan Attached YES NO	Building Department		
Site Plan Not Needed	Approved	YES	NO
R.E. Tax Paid YES NO	Building Signature		Date

The Commonwealth	of Massachusetts			
Department of Industrial Accidents				
Office of Investigations				
1 Congress Street, Suite 100				
Boston, MA 02114-2017				
www.mass.gov/dia				
Workers' Compensation Insurance				
· · · · · · ·	Please Print Legibly			
	Trease T that Degioty			
Business/Organization Name:				
Address:				
City/State/Zip:P	hone #:			
Are you an employer? Check the appropriate box:	Business Type (required):			
1. I am a employer with employees (full and/	5. Retail			
or part-time).*	6. Restaurant/Bar/Eating Establishment			
2. I am a sole proprietor or partnership and have no	7. Office and/or Sales (incl. real estate, auto, etc.)			
employees working for me in any capacity.	8. Non-profit			
[No workers' comp. insurance required] 3. We are a corporation and its officers have exercised	9. Entertainment			
their right of exemption per c. 152, §1(4), and we have				
no employees. [No workers' comp. insurance required]**	10. Manufacturing			
4. We are a non-profit organization, staffed by volunteers,	11. Health Care			
with no employees. [No workers' comp. insurance req.]	12. Other			
*Any applicant that checks box #1 must also fill out the section below showing thei **If the corporate officers have exempted themselves, but the corporation has other organization should check box #1.				
I am an employer that is providing workers' compensation insura	nce 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 fine up to \$1,500.00 and/or one-year imprisonment, as well as civil of up to \$250.00 a day against the violator. Be advised that a copy Investigations of the DIA for insurance coverage verification.	penalties in the form of a STOP WORK ORDER and a fine			
I do hereby certify, under the pains and penalties of perjury that t	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: Per	mit/License #			
Issuing Authority (circle one):         1. Board of Health       2. Building Department       3. City/Town Cl         6. Other	erk 4. Licensing Board 5. Selectmen's Office			
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** 1 Congress Street, Suite 100 Boston, MA 02114-2017 Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia For Your Information: Business Certificates cost \$40.00 for 4 years. A Business Certificate ONLY REGISTERS YOUR NAME in the Town (WHICH YOU MUST DO according to M.G.L. - it does not give you permission to operate). You must first obtain the necessary signatures on this form at 200 Main St., Hyannis. Take the completed form to the Town Clerk's Office, 1<sup>st</sup> Fl., 367 Main St., Hyannis, MA 02601(Town Hall) and get the Business Certificate that is required by law.

			DATE
Fill in please: APPLICANT'S BUSINESS	YOUR NAME/CORPORATE NAME YOUR HOME ADDRESS:		BUSINESS TYPE:
TELEPHONE #	Home Telephone Number		Email Address
NAME OF NEW BUSIN	IESS		SSN OR EIN:
Have you been given a	approval from the building division? YES	NO	
ADDRESS OF BUSINE	SS		MAP/PARCEL NUMBER

When starting a new business there are several things you must do in order to be in compliance with the rules and regulations of the Town of Barnstable. This form is intended to assist you in obtaining the information you may need. You MUST GO TO 200 Main St. - (corner of Yarmouth Rd. & Main Street) to make sure you have the appropriate permits and licenses required to legally operate your business in this town.

#### 1. BUILDING COMMISSIONER'S OFFICE

This individual has been informed of any permit requirements that pertain to this type of business.

COMMENTS:\_\_\_\_\_

Authorized Signature\*\*

### 2. BOARD OF HEALTH

This individual has been informed of the permit requirements that pertain to this type of business.

Authorized Signature\*\*

COMMENTS:\_\_\_\_\_

### 3. CONSUMER AFFAIRS (LICENSING AUTHORITY)

This individual has been informed of the licensing requirements that pertain to this type of business.

Authorized Signature\*\*

COMMENTS:\_\_\_\_\_