

License

Legal Ad

Fees

Application

\$100.00

\$100.00

\$71.50

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

Yes X

Yes X

Yes X

Administrative Assistant Margaret Flynn

NON-ALCOHOL COMMON VICTUALLER NEW OR AMEND FORMS LIST

TOWN OF BARNSTABLE FORMS **APPLICANT ITEMS** • Town of Barnstable License Application • Floor plan, to scale, detailing building: # of tables/chairs and location, • Entertainment Application, if applicable > exits. restrooms, • Workers' Compensation Form kitchen and storage rooms, • Business Certificate parking plan and, if applicable, outdoor dining * Plan must be approved by the Building Commissioner. (see Non=Alcohol Application Process) • Lease Agreement or P&S • Resume of Manager • Articles of Organization /LLC Papers Menu

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

Hearing required:

Notify abutters:

Advertise 10 days before:

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

No

No

No



Town of Barnstable Regulatory Services Licensing Division

200 Main Street, Hyannis, MA 02601 www.town.barnstable.ma.us

Telephone: 508-862-4778 Fax: 508-778-2412

Regulatory Service Director Richard Scali

Consumer Affairs Supervisor Elizabeth G. Hartsgrove

Consumer Affairs Officer Therese Gallant Administrative Assistant Margaret Flynn

Non-Alcoholic License

New or Amend Application Process

Common Victualler Entertainment Innholder/Lodging House Junk Dealer

	Junk Dealer
Step 1	Applicant files Licensing Application for New or Amend of license to the Licensing Division (\$100 application fee): • If proposed use was never previously licensed, proceed with Steps 2-13 • If proposed use was previously licensed or is permitted with no other conditions, proceed to Step 10
Step 2	File Site Plan Review application for staff team review. (filing fees will apply)
Step 3	Permit # is assigned to application and placed on next Site Plan Review agenda (team meets every Tuesday).
Step 4	Site Plan Review Team reviews application, Site Plan Coordinator takes meeting notations.
Step 5	Review Team concerns are typed and distributed via email to applicant within 2 business days of the meeting. <i>If plan is acceptable, jump to Step 8.</i>
Step 6	Applicant may request meeting with members of team for clarification prior to second submission.
Step 7	Steps 4 - 6 may be required to be repeated, depending on application.
Step 8	Plan is accepted by Site Plan Review Team. Approval letter sent to applicant. Other regulatory approvals may be required (Health, Planning, Zoning, Historic, Conservation, etc) and will extend time required prior to final approvals through Licensing.
Step 9	Applicant may have to file amended Licensing Application to the Licensing Division, depending on final approved plans and conditions placed by other regulatory authorities.
Step 10	Public Hearing Legal Ad placed in Newspaper at least 10-14 days prior to hearing. (est. \$71.50 fee)
Step 11	Applicant may be required to notify Abutters by mailing certified with return receipt at least 10-14 days prior to hearing. (USPS costs apply)
Step 12	Applicant appears before Licensing Authority for approval, must submit abutter return receipts no later than at time of hearing if applicable.
Step 13	Licensing verifies with Building, Health & Fire all signoffs and inspectional approvals have been met.
Step 14	Applicant pays for and picks up License to display on premise. (License fee will apply)

Process may take longer than 4-6 weeks, depending on application.

License Period:

Date:



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

I warrant the truth of the forgoing statement under the penalty of periodic Signature of applicant: For Tow USE PERMITTED WITHIN THIS ZONE? YES NO Special Permit Granted YES NO If yes, include with application Approved Floor Plan on File YES NO Occupancy Number of Units or Rooms Seating Capacity Building/Zoning Date						
Signature of applicant: For Tow USE PERMITTED WITHIN THIS ZONE? YES NO Special Permit Granted YES NO If yes, include with application Approved Floor Plan on File YES NO Occupancy Number of Units or Rooms	n use only R.E. Tax Paid Yes No Attach Comment Fire District Date Comments: Comments: G. Mgmt Notified Yes No Yes No Attach Comment Attach Comment Attach Comment Town Clerk Business Cert Filed Yes No					
Signature of applicant: For Tow USE PERMITTED WITHIN THIS ZONE? YES NO Special Permit Granted YES NO If yes, include with application Approved Floor Plan on File YES NO	n use only R.E. Tax Paid G. Mgmt Notified Cons Com Notified Yes No Yes No Yes No Attach Comment Attach Comment Attach Comment Fire District Police Dept. Town Clerk Date Date Business Cert Filed					
Signature of applicant: For Tow USE PERMITTED WITHIN THIS ZONE? YES NO Special Permit Granted YES NO If yes, include with application	n use only R.E. Tax Paid G. Mgmt Notified Cons Com Notified Yes No Yes No Yes No Attach Comment Attach Comment Fire District Police Dept. Town Clerk					
Signature of applicant: For Tow USE PERMITTED WITHIN THIS ZONE? YES NO Special Permit Granted YES NO If yes, include with application	n use only R.E. Tax Paid G. Mgmt Notified Cons Com Notified Yes No Yes No Yes No Attach Comment Attach Comment					
Signature of applicant: For Tow USE PERMITTED WITHIN THIS ZONE? YES NO	n use only R.E. Tax Paid G. Mgmt Notified Cons Com Notified Yes No Yes No					
Signature of applicant:	n use only					
Signature of applicant:	ury.					
I warrant the truth of the forgoing statement under the penalty of perj						
<u>MOTICE</u> : 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.						
NOTICE: Any misstatement in this application or violation of the app	licable town ordinances, bylaws or regulations shall be considered					
	previously licensed. New applications must be filed separately.					
Entertainment: Yes No If yes, the	he entertainment license application form is required ONLY if					
Hours of Operation.	ould you like to extend operating hours ntil 2 a.m. on New Year's Eve?					
License Type: Hours of Operation:	Annual Seasonal this application is for a restaurant/bar/club, Vos					
-	•					
Name of Manager:	Manager's Email					
Business Mailing Address:	Length of Lease					
Business Address:	Property Owner					
D/B/A:	Map/Parcel #					
	Federal ID # last 4 digits ONLY					
Email Address:						
Address of Applicant/Corporation: Email Address:	Cell Phone #					

License Period:

Name of Applicant/Corporation:

Date:

Town of Barnstable ENTERTAINMENT LICENSE APPLICATION

New Application

Renewal

Transfer Amend

Business phone #

No business may operate any form of entertainment without a valid license on the premise and <u>all changes MUST be approved by the Licensing Authority and cannot be made at renewal time.</u>

Business Address:	Cell Phone #

D/B/A: Federal ID # last 4 digits ONLY

Name of Manager: Map/Parcel #

Manager's Email Annual Seasonal

LOCATION OF EACH CATEGORY SHOULD BE DELINEATED ON FLOOR PLAN.

LIVE ENTERTAINMENT	NON-LIVE ENTERTAINMENT
DANCING BY PATRONS	CINEMA - # SCREENS
DANCE FLOOR – SIZE	LIGHT SHOW – describe
LIVE MUSIC – describe	POOL TABLES - # *1
# PERFORMERS	COIN-OP MACHINES - # *2
# PIECES	VIDEO GAMES - # *2
AMPLIFIED NON-AMPLIFIED	JUKEBOX
STAGE – describe	MUSIC VIDEO
FLOOR SHOW – describe	RECORDED MUSIC/CD PLAYER/RADIO
COMEDY SHOW – describe	BELOW CONV. LEVEL
THEATRE – describe	AT CONVERSATION LEVEL
KARAOKE*	ABOVE CONV. LEVEL
	T.V.'S - #

ALL ENTERTAINMENT MUST CEASE AT 12:45 A.M. PER LICENSING AUTHORITY

HOURS OF ENTERTAINMENT								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		

I hereby certif	ify that I (we) do not allow	games of	chance,	poker g	games,	video	poker o	r other	gaming	devices	on
the licensed	premises.											

Signature of owner/applicant:	
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^{*} separate license \$100.00 *1 \$75/table



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 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.	11. Health Care 12. Other heir workers' compensation policy information.
organization should check box #1. I am an employer that is providing workers' compensation insu	
Insurance Company Name:	
Insurer's Address:	
City/State/Zip:	
Policy # or Self-ins. Lic. #	Expiration Date:on page (showing the policy number and expiration date).
Failure to secure coverage as required under Section 25A of MG fine up to \$1,500.00 and/or one-year imprisonment, as well as ci of up to \$250.00 a day against the violator. Be advised that a col Investigations of the DIA for insurance coverage verification.	vil penalties in the form of a STOP WORK ORDER and a fine
I do hereby certify, under the pains and penalties of perjury tha	t the information provided above is true and correct.
Signature:	Date:
Phone #:	
Official use only. Do not write in this area, to be completed to	by city or town official.
City or Town:Po	ermit/License #
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town 6. Other	Clerk 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

YOU WISH TO OPEN A BUSINESS?

For Your Information:	Business Certificates	cost \$40.00 for 4 years	. A Business Certificate	ONLY REGISTERS YO	OUR NAME in the
Town (WHICH YOU M	UST DO according to	M.G.L it does not	give you permission to	o operate). You must	first obtain the
necessary signatures of	on this form at 200 Ma	in St., Hyannis. Take t	he completed form to th	ne Town Clerk's Office	, 1 st Fl., 367 Main
St., Hyannis, MA 02601	(Town Hall) and get the	Business Certificate t	hat is required by law.		

		DATE
Fill in please: APPLICANT'S BUSINESS	YOUR NAME/CORPORATE NAME YOUR HOME ADDRESS:	BUSINESS TYPE:
TELEPHONE #	,	Email Address
NAME OF NEW BUS Have you been give ADDRESS OF BUSII	n approval from the building division? YES	SSN OR EIN: NO MAP/PARCEL NUMBER
Barnstable. This fo	orm is intended to assist you in obtaining	nust do in order to be in compliance with the rules and regulations of the Town of the information you may need. You MUST GO TO 200 Main St. – (corner of appropriate permits and licenses required to legally operate your business.)
	MISSIONER'S OFFICE al has been informed of any permit requirement	ts that pertain to this type of business.
COMMENTS:	Authorized Signature**	
	TH al has been informed of the permit requirement Authorized Signature**	<u> </u>
3. CONSUMER AFF	AIRS (LICENSING AUTHORITY) all has been informed of the licensing requirement Authorized Signature**	

Instructions for obtaining Abutter Lists and Notification

- 1. Go to the Town Hall Building at 367 Main Street, Hyannis to obtain a list of abutters for "Liquor License transaction". Go to the GIS Department on the 3rd Floor. Ask them to include any churches, schools or hospitals within 500 feet as well as direct abutters.
- 2. Take the list to the Assessors' Office on the 1st Floor and have it certified as to being current. Within 3 days of publication of the ad for your hearing in the Barnstable Patriot (look on the hearing notice provided at the time of your application for the date the ad will appear), mail a copy of the ad to each abutter, certified mail, return receipt requested. If the property lists an owner who has a different address than the property address, send a copy of the ad to the different address. Also send or drop off a copy to "Occupant" or "Lessee" at that property address stating the property is subject of a hearing.
- 3. The Barnstable Patriot will bill you directly for the ad for your hearing. It is your responsibility as part of the application process for obtaining or changing a license to pay for this ad promptly.
- 4. Attach the green and white receipts from the Post Office to the Affidavit of Notice of Mailing to Abutter and Others in your application package. Complete the affidavit and sign your name in front of a Notary Public.
- 5. You may not receive all the "green cards" back prior to the hearing, This is not necessary.
- 6. Bring the affidavit to the Licensing Office at 200 Main Street, Hyannis the week prior to the hearing. If abutter notification is required and you have not provided this affidavit, the hearing cannot go forward on the hearing day.

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AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS

To the Licensing Board	
For the Town of Barnstable	Date
l, [hereby certify that the following is a true list of the persons
Shown upon the Assessaria most want of the live	
	is the owners of the property abutting the proposed location for an
alcoholic beverages license at:	
,	
And that the following schools, churches or hospitals ar location:	re located within the radius of five hundred (500) feet from said proposed
	-
If there are none places and	
If there are none, please so state:	
I also certify that the notice of this application/petition c	concerning an alcoholic beverages license was given to the above by
mailing to each of them within three (3) days after public	cation of same, a copy of the advertisement is attached below. Also
attached are the registered receipts./return registered re	eceipts bearing signatures of persons receiving said notice.
Signed and subscribed to under the penalties of perjurie	
	
Printed:	
Written:	
Date:	
	Notary Public:
-	My Commission Expires: