

**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

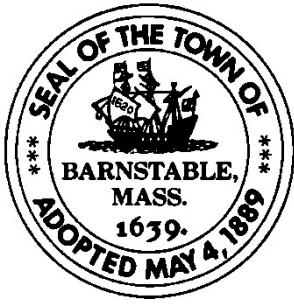
**FORTUNE TELLER
FORMS LIST**

TOWN OF BARNSTABLE FORMS	APPLICANT ITEMS
<ul style="list-style-type: none"> • Town of Barnstable License Application • Workers' Compensation Form • Business Certificate 	<ul style="list-style-type: none"> • Floor plan, approved by the Building Commissioner. • Lease Agreement or P&S • Liability Insurance • CORI – filed through the Police Department • Proof of 12 month Barnstable residency

Fees	License	\$250.00	Hearing required:	Yes	<u>X</u>	No	___
	Application	\$100.00	Advertise 10 days before:	Yes	<u>X</u>	No	___
	Legal Ad	\$71.50	Notify abutters:	Yes	___	No	<u>X</u>

**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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**Non-Alcoholic License
New or Amend Application Process**

Common Victualler
Entertainment
Fortune Teller
Innholder/Lodging House
Junk Dealer

Step 1	Applicant files Licensing Application for New or Amend of license to the Licensing Division (<i>\$100 application fee</i>): <ul style="list-style-type: none"> <i>If proposed use was never previously licensed, proceed with Steps 2-13</i> <i>If proposed use was previously licensed or is permitted with no other conditions, proceed to Step 10</i>
Step 2	File Site Plan Review application for staff team review. (<i>filing fees will apply</i>)
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. (<i>est. \$71.50 fee</i>)
Step 11	Applicant may be required to notify Abutters by mailing certified with return receipt at least 10-14 days prior to hearing. (<i>USPS costs apply</i>)
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. (<i>License fee will apply</i>)

Process may take longer than 4-6 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 Statutes 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 #			
Address of Applicant/Corporation:	Cell Phone #			
Email Address:	Federal ID # last 4 digits ONLY			
D/B/A:	Map/Parcel #			
Business Address:	Property Owner			
Business Mailing Address:	Length of Lease			
Name of Manager:	Manager's Email			
License Type:	Annual Seasonal			
Hours of Operation:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">If this application is for a restaurant/bar/club, would you like to extend operating hours until 2 a.m. on New Year's Eve?</td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> </tr> </table>	If this application is for a restaurant/bar/club, would you like to extend operating hours until 2 a.m. on New Year's Eve?	Yes	No
If this application is for a restaurant/bar/club, would you like to extend operating hours until 2 a.m. on New Year's Eve?	Yes	No		

Entertainment:	Yes	No	If yes, the entertainment license application form is required ONLY if previously licensed. New applications must be filed separately.
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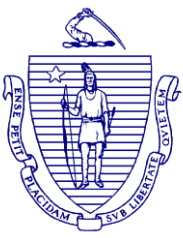
NOTICE: Any misstatement in this application or violation of the applicable town ordinances, bylaws or regulations shall be considered sufficient cause for refusal, suspension, or revocation of any and all licenses.

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

Signature of applicant:

For Town use only

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">USE PERMITTED WITHIN THIS ZONE?</td> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> </tr> <tr> <td>Special Permit Granted</td> <td>YES</td> <td>NO</td> </tr> <tr> <td colspan="3">If yes, include with application</td> </tr> <tr> <td>Approved Floor Plan on File</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Occupancy</td> <td colspan="2">Number of Units or Rooms</td> </tr> <tr> <td>Seating Capacity</td> <td colspan="2">.....</td> </tr> <tr> <td>Building/Zoning</td> <td colspan="2">Date</td> </tr> <tr> <td colspan="3">Comments:</td> </tr> </table>	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		Comments:			<table style="width: 100%; border-collapse: collapse;"> <tr> <td>R.E. Tax Paid</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Attach Comment</td> <td colspan="2"></td> </tr> <tr> <td>Fire District</td> <td colspan="2">Date</td> </tr> <tr> <td colspan="3">Comments:</td> </tr> <tr> <td>Board of Health</td> <td colspan="2">Date</td> </tr> <tr> <td colspan="3">Comments:</td> </tr> </table>	R.E. Tax Paid	Yes	No	Attach Comment			Fire District	Date		Comments:			Board of Health	Date		Comments:			<table style="width: 100%; border-collapse: collapse;"> <tr> <td>G. Mgmt Notified</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Attach Comment</td> <td colspan="2"></td> </tr> <tr> <td>Police Dept.</td> <td colspan="2">Date</td> </tr> <tr> <td colspan="3">Comments:</td> </tr> <tr> <td>Town Clerk</td> <td colspan="2">Business Cert Filed</td> </tr> <tr> <td colspan="3">Yes No</td> </tr> <tr> <td>Grease Trap last pumped:</td> <td colspan="2">Date:</td> </tr> <tr> <td colspan="3">(must show proof of pumping)</td> </tr> </table>	G. Mgmt Notified	Yes	No	Attach Comment			Police Dept.	Date		Comments:			Town Clerk	Business Cert Filed		Yes No			Grease Trap last pumped:	Date:		(must show proof of pumping)			<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Cons Com Notified</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Attach Comment</td> <td colspan="2"></td> </tr> </table>	Cons Com Notified	Yes	No	Attach Comment		
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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. 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 Section 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 (circle 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."

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 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, 1st 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 BUSINESS

SSN OR EIN:

Have you been given approval from the building division? YES NO

ADDRESS OF BUSINESS

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.

Authorized Signature**

COMMENTS: _____

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: _____