



TOWN OF IPSWICH

IPSWICH, MASSACHUSETTS 01938

Pamela Z. Carakatsane, CMMC/CMC
Town Clerk

25 Green Street
(978) 356-6600

AUTOMATIC AMUSEMENT LICENSES

State Statute and Town Regulation require an AUTOMATIC AMUSEMENT license if any of the following is on the premises: any mechanism whereby, upon the deposit therein of a coin or token, any apparatus is released or set in motion or put in a position where it may be set in motion for the purpose of playing any game involving in whole or in part, the skill of the player, including, but not exclusively, such devices as are commonly known as pinball machines including free play pinball machines, video games, and other devices.

NEW LICENSES - REQUIRED DOCUMENTATION:

1. Application Form
2. Fee in the amount of \$ 50.00 per device
3. REAP Form (Revenue Enforcement and Protection Attestation Form)
4. CORI
5. Worker's Compensation Insurance Affidavit
6. Worker's Compensation Policy Declaration Page
7. Abutter List obtained from the Assessor's Office which includes all abutters to the establishment and owners of land directly opposite the establishment
8. Proof of mailing notice to abutters via certified mail
9. Floor plan indicating the proposed location of the devices, the location of exits and all permanent furnishings and obstruction
10. Publication in a newspaper at least seven days prior to the public hearing
11. Public Hearing
12. Financial disclosure statement
13. Incomplete applications will not be accepted

RENEWAL LICENSES - REQUIRED DOCUMENTATION:

1. Application Form
2. Fee in the amount of \$ 50.00 per device
3. REAP Form (Revenue Enforcement and Protection Attestation Form)
4. Worker's Compensation Insurance Affidavit
5. Worker's Compensation Policy Declaration Page
6. Incomplete applications will not be accepted



TOWN OF IPSWICH

**AUTOMATIC AMUSEMENT
APPLICATION/RENEWAL**
(M.G.L. Ch 140, § 177A, Ch 62C § 49A,
Ch 152 § 25C; & Town Regulation)

TOWN CLERK'S STAMP

(04/02/14 P. Carakatsane)

***** **ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED** *****

NEW

RENEWAL

NEW APPLICATIONS

REQUIRED DOCUMENTATION

Fee - \$ 50.00 per device

REAP Form

CORI

Workers' Compensation
Insurance Affidavit

Worker's Compensation
Policy Declaration Page

Abutter List

Public Hearing

Floor Plan

Criminal Record
Disclosure Statement
(Town Regulations 1.3)

Publication in newspaper
at least 7 days prior to hearing

Financial Disclosure
Form
(Town Regulations 1.3)

RENEWAL APPLICATIONS

REQUIRED DOCUMENTATION

Fee - \$ 50.00 per device

REAP Form

Workers' Compensation
Insurance Affidavit

Worker's Compensation
Policy Declaration Page

PLEASE PRINT:

Name of Restaurant, Recreational Facility, Club or Organization: _____

Establishment Address: _____ Phone # _____

Description of Premises:

Name of Applicant (Premises Owner): _____

Address of Applicant (Premises Owner): _____ Phone # _____

Device Vendor's Name: _____ Phone # _____

Device Vendor's Address: _____

1. Have you or any officer of the corporation, organization, or business ever been convicted of a felony in any state (Town Regulations 1.3)? If yes, explain:

2. What are the proposed hours of operation of the Automatic Amusement Devices?

Weekdays: _____ Saturdays: _____ Sundays: _____

NAME OF DEVICE/MACHINE	TYPE	MANUFACTURER	STATE IDENTIFICATION NUMBER

I HEREBY SWEAR (AFFIRM) UNDER THE PAINS AND PENALTIES OF PURJURY THAT I AM THE PERSON NAMED ABOVE AND THAT THE INFORMATION PROVIDED BY ME IN THIS DOCUMENT IS TRUE AND THAT I AM AWARE OF AND SHALL COMPLY WITH THE STATUTES THAT PROHIBIT GAMBLING AND GAMING.

I ALSO CERTIFY THAT THE MACHINE(S) NAMED AND DESCRIBED HEREIN HAS/HAVE BEEN APPROVED BY THE DIRECTOR OF THE BUREAU OF STANDARDS:

Applicant's
Signature _____ Date _____

Owner's Signature (for New Applications Only) _____ Date _____

Vendor's Signature (for New Applications Only) _____ Date _____

NEW APPLICATIONS

PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTORS PRIOR TO SUBMITTING APPLICATION TO THE TOWN CLERK'S OFFICE

Building Inspector: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
Fire Chief: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
Board of Health: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
Police Chief: _____	<input type="checkbox"/> Date _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

** Social Security # or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, § 49A.



IPSWICH
POLICE DEPARTMENT

15 Elm Street
 IPSWICH, MASSACHUSETTS 01938

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
 ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
 SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Town of Ipswich is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Ipswich to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Ipswich with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Ipswich may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Ipswich must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ SIGNATURE

_____ DATE

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification;

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Print Form

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 an 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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

Dec 12 3 05 PM '94

TOWN OF IPSWICH
MASSACHUSETTS

RECEIVED
TOWN CLERK
IPSWICH, MASS.

AUTOMATIC AMUSEMENT DEVICES

SUBJECT: Automatic amusement devices for hire, gain or reward, approved by the director of standards under Section 283 of Chapter 94. (statutory)

REFERENCE: Massachusetts General Laws (Annotated), Chapter 140, Section 177A.

GENERALLY:

1. The Board of Selectmen may grant, and after written notice to the licensee, suspend or revoke a license to keep and operate an automatic amusement device.
2. The term "automatic amusement device" shall mean any mechanism whereby, upon the deposit therein of a coin or token, any apparatus is released or set in motion or put in a position where it may be set in motion for the purpose of playing any game involving in whole or in part, the skill of the player, including, but not exclusively, such devices as are commonly known as pinball machines, free play pinball machines, simulated sports games, computer games, video games, and other devices.
3. Licenses, when issued pursuant to this procedure, shall expire on December thirty-first of each year unless sooner revoked.
4. Every license shall specify the street and number of the premises, where the device is to be kept or offered for operation, or give some particular description of such premises, shall state the type of device to which it relates and shall cover any device of the same type, which as a substitute or replacement for the device licensed, may during the term of the license be kept or offered for operation on the premises specified; but such license shall under no circumstances cover an automatic amusement device of a type other than the type stated in such license; and such license shall not cover the device if in any place other than the premises from time to time specified in such license.

No such license shall specify more than one premises at one time. Upon written application, the Board may from time to time amend any license granted under Chapter 140, Section 177A by changing the premises specified.

APPLICATION PROCEDURE

- 1.1 No person, corporation, partnership, sole proprietorship, club, or entity by whatever name, title, organization or structure, however defined or described, shall operate, permit, or cause to be operated any automatic amusement device, of whatever kind or however described, without first applying to the Board and receiving a permit therefor pursuant to these regulations.
- 1.2 No license shall be granted unless the applicant is the owner of the business where it is proposed to locate the automatic amusement device.
- 1.3 Applications for any automatic amusement device license shall be made in writing on forms approved by the Board. These forms shall include a criminal record disclosure statement and a financial disclosure statement.
- 1.4 A floor plan shall accompany each application indicating the proposed location of the device(s), the location of exits, and all permanent furnishing and obstruc-

tions. Floor plans shall be reviewed and approved by the Fire Chief and the Building Inspector.

- 1.5 Applicant shall submit a signed tax law compliance attestation form.

INVESTIGATION

- 2.1 Upon receipt of an application for a license where any By-Law of the Town necessitates an inspection or investigation before issuance of the license, the Board shall refer such application to the proper officer and said officer shall make such investigation within approximately five days of the date of receipt of such application. The Board of Health shall make or cause to be made an investigation in regard to such licenses; the Building Inspector shall make or cause to be made any such inspections relative to the construction of any buildings. All other investigations, except as otherwise provided, shall be made by the Chief of Police or some other officer designated by the Chief of Police.

PUBLIC HEARING

- 3.1 A public hearing shall be held on each original application.
- 3.2 When a completed application is received by the Board on the required form, the Board shall cause a legal notice to be published at the expense of the applicant in a newspaper of general circulation in the Town, at least seven days prior to the date set by the Board for a public hearing on said application.
- 3.3 All abutters to the establishment, and owners of land directly opposite the establishment, where devices are proposed shall be notified by certified mail at the expense of the applicant of the time, date and place of the Public Hearing.
- 3.4 No license shall be issued until payment of the costs of the notices defined in paragraphs 3.2 and 3.3 above have been received by the Board.

APPLICATION REVIEW

- 4.1 The Board shall review and act on each application for an automatic amusement device.
- 4.2 No license shall be granted that would involve a violation of the Zoning By-Laws or General By-Laws of the Town.
- 4.3 No license shall be granted unless the premises where the devices are to be located have a principal use as a recreational facility permitted under the Protective Zoning By-Law, or as a restaurant, or as a non-profit Club chartered for any purpose described in Section 2 of Chapter 180 of the Massachusetts General Laws.
- 4.4 The Board may deny a license where the applicant is not a suitable person, or, if, in its discretion, it finds that the general good, order and welfare of the community so require, or for other lawful reasons.

ISSUING LICENSES

- 5.1 The Board of Selectmen shall establish and may amend from time to time the schedule of fees for licenses issued under these regulations. Before a license is issued, the applicant shall pay the applicable fee for each machine and shall pay any other outstanding charges pursuant to the public hearing regulations herein.
- 5.2 Licenses shall be non-assignable and non-transferable.
- 5.3 Licensed automatic amusement devices shall be so installed on the premises described in the license as to be in open view at all times while in operation and shall at all times be available for inspection.
- 5.4 No person keeping or offering for operation, or allowing to be kept or offered for operation, any automatic amusement device licensed under this section, shall permit the same to be used for the purpose of gambling.

ADDITIONAL REGULATIONS

- 6.1 No owner, operator, employee, or any person in charge shall allow any minor under 17 years of age who is improperly absent from school (without permission of parent, guardian, or school authorities) to play or use any such electronic amusement device.
- 6.2 No device for which a license is sought may be used for gaming, nor shall such device or premises be at any time in violation of Chapter 140 and Chapter 271 of the General Laws, or any other provisions of the General Laws which prohibit or proscribe gaming or gambling in any form. Any finding by the Board that any provision of this section has been violated shall result in immediate revocation of any such license. The applicant shall provide the Board with the state identification number of each device.
- 6.3 Any entity as set forth in paragraph 1.1 found to be in violation of any provisions of these regulations shall be liable for a fine of one hundred dollars (\$100.00) payable to the Town as provided by Chapter 140, Section 178.
- 6.4 Each and every section of these regulations shall be complied with to the reasonable satisfaction of the Board, whose determination of compliance shall be final within the administrative jurisdiction of the Board.
- 6.5 Any application submitted with false or inaccurate information may cause the Board to deny or revoke the license.

NEW REGULATIONS:

Adopted by vote of the Ipswich Board of Selectmen on December 15, 1986.