



# TOWN OF IPSWICH IPSWICH, MASSACHUSETTS 01938

25 Green St.  
(978) 356-6600

Amy S. Akell, MMC/CMMC  
Town Clerk

## COMMON VICTUALLER LICENSES

### NEW LICENSES - REQUIRED DOCUMENTATION:

1. Application Form
2. Fee in the amount of \$100.00
3. REAP Form (Revenue Enforcement and Protection Attestation Form)
4. Worker's Compensation Insurance Affidavit
5. Worker's Compensation Insurance Policy Cover Page
6. Floor Plan of the proposed premises
7. Signatures of the Building Inspector, Fire Chief and Board of Health
8. Incomplete applications will not be accepted

### RENEWAL LICENSES - REQUIRED DOCUMENTATION:

1. Application Form
2. Fee in the amount of \$100.00
3. REAP Form (Revenue Enforcement and Protection Attestation Form)
4. Worker's Compensation Insurance Affidavit
5. Worker's Compensation Insurance Policy Cover Page
6. Incomplete applications will not be accepted

## ENTERTAINMENT LICENSES

### Your establishment may also be required to obtain an ENTERTAINMENT license.

State Statute and Town Regulation also require an ENTERTAINMENT license if any of the following is conducted on the premises: concert, dance, exhibition, cabaret, public show of any description; dancing by patrons; dancing by entertainers or performers; recorded or live music; the use of an amplification system; a theatrical exhibition; play or moving picture show; a floor show of any description; a light show of any description; any other dynamic audio or visual show whether live or recorded; video; jukebox; pool tables; shuffleboard; and karaoke. Televisions and radios do not require an entertainment license.

Weekday entertainment licenses (Monday –Saturday) - \$100.00

Sunday entertainment licenses (Sunday only) - \$450.00 or \$500.00 depending on hours of operation.



TOWN OF IPSWICH

COMMON VICTUALLER  
APPLICATION/RENEWAL  
(M.G.L. Ch 140 §§ 1-9, MGL Ch 62C § 49A,  
MGL Ch 152 § 25C(6) & Town Regulation)

TOWN CLERK'S STAMP

(06/03/15 P. Carakatsane)

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

NEW

RENEWAL

REQUIRED DOCUMENTATION

Fee - \$100.00

REAP Form

Floor Plan (new licenses only)

Workers' Compensation  
Insurance Affidavit

Worker's Compensation  
Policy Declaration Page

NOTE:

*IF YOU ALSO PLAN TO HAVE ENTERTAINMENT ON YOUR PREMISES, STATE AND LOCAL STATUTES REQUIRE THAT YOU OBTAIN AN ENTERTAINMENT LICENSE.*

PLEASE PRINT:

Applicant's Name: \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ FID or SSN: \_\_\_\_\_



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.

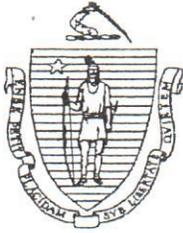
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
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.



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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

TOWN OF IPSWICH  
MASSACHUSETTS

INNOLDERS OR COMMON VICTUALLER'S LICENSE

SUBJECT: Keeping of a Restaurant or Public Eating House (Common Victualler)

REFERENCE: Massachusetts General Laws (Annotated), Chapter 140; Sections 1-9

GENERALLY: A restaurant business cannot be conducted without a Common Victualler's License signed by the majority of the Board of Selectmen (the "Board").

This section does not require the Board to grant licenses if, in their reasonable judgment, the public good does not require it. Whether any such license shall be granted and, if any, the number to be granted, rest in the sound judgment of the Board as to the requirements of the public welfare. A license is not a matter of right; however, the reasons for denial may not be groundless or legally erroneous.

APPLICATION PROCEDURE

- 1.1 The applicant shall obtain from the Ipswich Board of Health a conditional Food Service Permit.
- 1.2 After the Food Service Permit is obtained, the applicant should request in writing that the Board issue a Common Victualler's License, and provide the Board with a copy of a conditional Food Service Permit.

The applicant must specify the street and number, if any, of the building where the business is to be carried on, or give some other particular description thereof.

The applicant shall submit a signed tax law compliance attestation form.

- 1.3 Upon receipt of the applicant's request, the Town Clerk shall consult the Building Inspector to insure that the proposed business is in compliance with all applicable building codes and the Zoning By-Laws, and with the Fire Chief for an inspection under Massachusetts General Laws Chapter 148:4 and 140.
- 1.4 Common Victualler's Licenses may be granted for premises which have not been equipped with fixtures, or supplied with necessary implements and facilities, upon the condition that such license shall issue only upon the completion of the premises according to the plans submitted to the Board; the decision of the Board as to whether or not said premises are so completed shall be final (Massachusetts General Laws, Chapter 140, Section 6).

### SELECTMEN'S MEETING

- 2.1 The application shall be reviewed at a meeting of the Board. No formal hearing is required, but may be held at the discretion of the Board. The applicant may be asked to appear before the Board.
- 2.2 If the Board determines that the public good requires the granting of the license, the majority of the Board shall sign the license.

### CONTENTS

- 3.1 The license shall specify the street and number, if any, of the building where the business is to be carried on, or some other particular description.
- 3.2 The license may include reasonable conditions (e.g. hours of operation) ordered by the Board.
- 3.3 The license shall be recorded in the office of the Board.

### TERM

- 5.1 Such licenses shall expire on December 31st of each year, but they may be issued during December to take effect on January 1st.

### REVOCATION

- 6.1 If, in the reasonable judgment of the Board, a licensee as an innholder or common victualler ceases to be engaged in the business he is licensed to pursue, or fails to maintain upon his premises the implements and facilities required by Chapter 140, they shall immediately revoke his license.

### NEW REGULATIONS

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