

Type of License: Common Victualler - No Alcohol

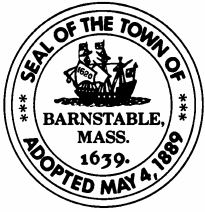
Filing Fee to the Town: \$100.00 (new & changes) Hearing Required: Yes X No
 Fees: State \$ 0.00 Advertise 10 days before: Yes X No
 Town \$ 100.00 Notify Abutters: Yes No X

State Forms	Town of Barnstable Forms
None	TOB Application, 4-part
	Workers Compensation Form
	Lease Agreement or P&S
	Business Certificate
	Plan - layout of building/seating showing # of tables/ chairs, exits, restrooms, measurements signed by Building Commissioner * including the outside dining area
	Parking Plan (on-premises)
	Background Resume for Manager
	Menu
	Articles of Organization/LLC documents if applicable

Notes: Ruled by Ch. 140 M. G. L.
 Issued by: Licensing Authority
 Inspections by: Building, Health, Fire

Not Valid unless issued in conjunction with a Food Service Permit

Amended 5/10/11



TOWN OF BARNSTABLE LICENSE APPLICATION

200 Main Street
Hyannis, MA 02601
(508) 862-4674

Date:
 New Application
 Renewal
 Transfer
 Other

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Name of applicant/corporation/LLC: Owner Home phone #:

Address of applicant/corporation/LLC: Business phone #:

D/B/A

Business location:

Business mailing address (if different from above):

License Type: Annual Seasonal

Hours of Operation: Federal ID #: OR Owner SS#:

Hours of Entertainment: Hours of Alcohol Service:

Name of Manager:

Manager's permanent mailing address:

Manager's home phone #: email:

Name of property owner:

ASSESSOR'S MAP/PARCEL #: MAP PARCEL

List any flammable substance or hazardous waste used in business (specify):

Applicants must ONLY contact the Building Commissioner's office, (508) 862-4038, the Board of Health office, (508) 862-4644, and the appropriate Fire District office to schedule inspections IF YOU ARE NOT OPEN OFFICE BUSINESS HOURS (8:30 – 4:30 daily).

Signature of applicant:

For Town use only

REAL ESTATE TAXES PAID IN FULL

PAYMENT AGREEMENT IN EFFECT ON

IS THIS USE PERMITTED WITHIN THIS ZONING DISTRICT? YES NO

INSPECTORS APPROVAL Capacity set by Building Division

Building/Zoning Date Board of Health Date

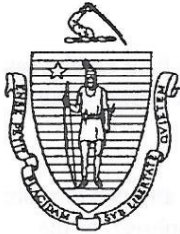
Fire District Date Comments:

White - Licensing Authority

Gold - Building Commissioner

Pink - Fire Department

Canary - Health Division



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 #: _____

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 _____ BUSINESS TYPE: _____

YOUR HOME ADDRESS: _____

TELEPHONE # _____

Home Telephone Number _____

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: _____
