

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF WALTHAM

APPLICATION FOR EXTENDED RETAIL HOURS

FEE: \$300.00

The undersigned hereby application for a permit to remain open between the hours of _____ under the provisions of Chapter 8, Article XIII of the General Ordinances of the City of Waltham.

Name of Business: _____

Address of Business: _____

Name of Principal: _____

Residence of Principal: _____

Owner of Land/Building: _____

Type of Business: _____

Special Restrictions/Hrs.: _____

The Department of Industrial Accidents form must be completed (Worker's Compensation Insurance). All information will be verified. MGL Chapter 152, Section 25A.

There will be no second or subsequent reminder notices. Unregistered licenses will be turned over to the proper agency for disposition.

Return this application immediately with a check, in the amount of \$300.00 made out to the "City of Waltham" In order to credit your account properly, please do not combine the amount due with any other bills to be paid to the City of Waltham.

Rosario C. Malone
City Clerk

Expiration Date is December 31, of each year

ARTICLE XIII. HOURS OF OPERATION

Secs. 8-151--8-154. Reserved.

Sec. 8-155. Permit required.

No retail store, restaurant without a liquor license, or fast food establishment shall operate between the hours of 12:00 midnight and 6:00 a.m. unless annually permitted by a two-thirds vote of all members of the City Council. Such permits shall expire on December 31 of each year, but they may be granted in the last quarter of the year to take effect on January 1 of the following year.

(Ord. No. 27852, 12-27-1994)

Sec. 8-156. Application fee.

The annual application fee to be charged for permits required by this article shall be a nonrefundable fee of \$300 to be paid to the City Clerk at the time of application.

(Ord. No. 27852, 12-27-1994)

Sec. 8-157. Application and hearing requirements.

(a) The annual application shall be submitted to the City Clerk for referral to the City Council upon a form supplied by the City Clerk. The City Council shall set a public hearing date for the initial application and the Office of the City Clerk shall cause to be published an official notice of said hearing in a newspaper published in Waltham at least seven days prior to the public hearing.

(b) The applicant is to notify abutters by certified mail not less than seven days prior to the public hearing. Notices are sent to each of the persons appearing upon the assessor's most recent valuation list as the owners of property abutting the premises where the permit is intended to be exercised. Certified receipts shall be submitted by the applicant at the public hearing.

(Ord. No. 27852, 12-27-1994)

Sec. 8-158. Consideration of application.

The City Council may refuse to approve issuance or renewal of a permit for the following reasons:

(a) A false statement as to a material matter made in an application for a permit.

(b) Failure by the applicant and/or owner or any officer or principal of the applicant and/or owner to comply with the provisions of the Zoning Ordinance, Building Code, Fire Code and other pertinent provisions of all city ordinances as far as can be determined.

(c) Determinations by the City Council that the approval of such issuance or renewal of the permit would lead to the creation of a public nuisance or endanger the health, safety, order or welfare of the public by:

(1) Unreasonably increasing pedestrian or vehicular traffic in the area in which the premises are located; or

(2) Increasing the incidence of illegal or disruptive conduct in the area in which the premises are located; or

(3) Unreasonably increasing the level of noise in the area in which the premises are located; or

(4) Otherwise significantly harming the legitimate protectable interests of the affected citizens of the city.

(Ord. No. 27852, 12-27-1994)

Sec. 8-159. Terms and conditions.

The City Council may require, due to special circumstances affecting the application, such terms and conditions as it deems expedient and in the best interests of the health, safety, welfare and peaceful, quiet enjoyment of the residents of the City of Waltham.

(Ord. No. 27852, 12-27-1994)

Sec. 8-160. Display of permit.

The permit herein provided for shall be posted permanently and conspicuously in the premises so permitted.

(Ord. No. 27852, 12-27-1994)

Sec. 8-161. Revocation of permit.

Every permit issued under this article is subject to the right of the City Council, which is hereby expressly reserved, to revoke the same should the provisions of this article, the ordinances of the city or the laws of the commonwealth be violated. Said permit may be revoked by the City Council after written notice to the permit holder of such violations and a public hearing held in accordance with notice requirements of Section 8-157.

(Ord. No. 27852, 12-27-1994)

Sec. 8-162. Penalty.

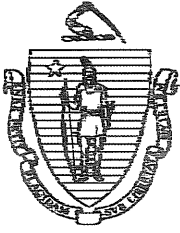
Any person, firm or corporation violating any of the provisions of this article, in addition to the revocation of the permit, shall be liable to a fine or penalty of not less than \$50 nor more than \$200 for each offense. Every day that the offense continues shall be considered a separate violation.

(Ord. No. 27852, 12-27-1994)

Sec. 8-163. Effective date.

This article shall be in full force and effect 30 days from the date of passage for all premises which currently operate such as to require a permit in accordance with this article. For all other applicants, this article shall take effect on the date of passage.

(Ord. No. 27852, 12-27-1994)



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 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