



City of Chicopee, Massachusetts

License Commission

City Hall – 274 Front Street – Chicopee, MA 01013
Tel: (413) 594-1530 Fax: (413) 594-1531 Website: www.chicopeema.gov

COMMON VICTUALER APPLICATION FOR MOBILE VENDORS [New & Renewals]

Amended by the Chicopee License Commission effective September 17, 2020

ANNUAL FEE: \$45.00

APPLICANT/ORGANIZATION INFORMATION

The undersigned respectfully petitions your Honorable Board for a license to be exercised on the premises described as follows and subject to the provisions of Chapter 140 of the Massachusetts General laws. *Please print clearly.*

Applicant's/Owner's Name: _____

Mailing Address:
Street/P.O. Box: _____ State: _____ Zip: _____

Social Security or
Federal Identification Number (FIN): _____

Telephone: _____ Email: _____

Business Name: _____

Business Address: _____

Mailing Address (If different): _____

Manager: _____

Hours of Operation: _____

MOBILE COMMON VICTUALER CLASSIFICATION [✓ one]

Hawkers and Peddlers License #: _____

Type of Vehicle: Mobile Food Unit (truck or trailer) Push Cart Ice Cream Truck

★ Note: Your name and telephone number must appear on your mobile unit.

Please provide a detailed description of the food/drink menu that will be available:

- Fire Safety -		Yes (✓)	No(✓)
Propane:	Heating: Propane Permit Required - Permit # _____ Cooking: Propane Permit Required - Permit # _____		
Fire Extinguishers:	Number: Type: Location:		

- PERMITTING REQUIREMENTS -

Permits are required from the Health and Fire Departments and requests must be submitted not less than seven (7) days prior to commencement of operations. A copy of each permit must be attached to this application upon submission to the Licensing Commission Administrator.

- HEALTH DEPARTMENT PERMITTING -

Health Department permit requests can be found on the City of Chicopee’s website at: <https://www.chicopeema.gov/261/Health-Department>, under Documents & Forms. For more information, please contact the Health Department directly at: 413-594-1660, Ext. 376.

Health Department Permit #: _____

- FIRE DEPARTMENT PERMITTING -

Fire Department permit requests are submitted through the City of Chicopee's Electronic Permit and Licensing Management System at: <http://www.chicopeema.gov/626/Online-Permits-and-Licenses>.

This link will take you to the Online Permits and Licenses System page. There are three green tabs labeled: General Information - Building Permits - Fire Department Permits. Click on the appropriate tab.

Fire Department Permit #: _____

Please list each employee's full name who will be manning your unit (*Please print clearly*)?

'New' Common Victualer Application for Mobile Vendor Procedures

A **new applicant** must submit a completed Common Victualer Application for Mobile Vendors with the following:

- photo(s) of the cart/unit (*new applicants only*),
- a government-issued photo identification,
- a workers compensation insurance affidavit, and
- the application fee

to the License Commission administrator located in City Hall. Payment should be made via check or money order payable to the City of Chicopee. Upon receipt of the application, the new applicant and proposed location will have *tax information verified for any outstanding tax issues*. No license shall be issued by the Licensing Authority if there are outstanding taxes owed.

'Renewal' Common Victualer Application for Mobile Vendor Procedures

Annually, **Renewal Applications** for Common Victualer for Mobile Vendors are sent out by November 1st and returned with the aforementioned documents. Payment should be made via check or money order payable to the City of Chicopee. The completed Renewal Application **must be returned** to the License Commission administrator by the **Renewal due date of November 30th**. Upon receipt of the Renewal application by the License Authority administrator, the applicant and the business location will have *tax information verified for any outstanding tax issues*.

Failure to renew a license by November 30th will result in a \$100.00 late fee. You are not permitted to operate and/or open without a current license.

A licensee that has not submitted a Renewal Application for Common Victualer for Mobile Vendors by December 31st will be considered operating without a license and ordered to close until the proper paperwork is submitted. The Licensing Authority will notify the Chicopee Police Department that you are operating without a Common Victualer for Mobile Vendors' License and they may seek

a criminal complaint against you. Furthermore, the Building Department will be notified and your Certificate of Occupancy may be revoked.

Notice of Business Closing

If the business ceases to operate, the holder of the Common Victualer License for Mobile Vendor is required to notify and return the license to the License Commission administrator within 48 hours of closing.

License Commission Hearings

Pursuant to M.G.L c 140 § 2 the License Commission may conduct hearings and impose conditions on any New or Renewal Common Victualer for Mobile Vendor licenses it issues, including hours of operation, when so doing is for the public good.

- License Commission Meeting Schedule -

The License Commission Meetings are scheduled the third Thursday of every month. Meeting schedules are subject to change. Please plan your new Common Victualer for Mobile Vendor application with this schedule in mind as applications that are not on the agenda will not be accepted. Please call the License Commission administrator’s office to verify meeting dates.

Declaration

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

I hereby certify under the pains and penalties of perjury that I have secured all local, federal and state licenses and permits as required by law.

Signature of Licensee, Applicant/Owner

Date

Checklist for Common Victualer Application Submission

Please attach the following:	Yes (✓)	No (✓)
Photograph(s) of the care/unit <i>(new applicants only)</i> :		
Government-issued photo identification <i>(copy)</i> :		
Workers’ Compensation Insurance affidavit:		
Common Victualer for Mobile Vendor Application Fee (\$45.00)		

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



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 #: _____