

City of Chicopee, Massachusetts

License Commission

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

COMMON VICTUALER APPLICATION [New & Renewals]

Amended by the Chicopee License Commission effective September 24, 2021

ANNUAL FEE: \$100.00

A Common Victualer License (non-alcoholic) includes restaurants and convenience stores. Every food establishment in the City of Chicopee with capabilities of cooking/preparing and serving food on the premises is required to have a Common Victualer License.

New Common Victualer Application Procedures

All applicants must submit a completed Common Victualer Application with the following:

- photograph(s) of the premises (*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 Procedures

Annually, **Renewal Applications** for Common Victualers 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 Commission 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 by December 31st will be considered operating without a license and ordered to close until the proper paperwork is submitted. The License Authority will notify the Chicopee Police Department that you are operating without a

Common Victualer 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.

- 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 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.

License Posting

All licenses, permits, and certificates issued by the City of Chicopee Licensing Authorities affecting the licensed premises shall be posted conspicuously; provided, however, that no such document shall be posted in such a way as to cover over any part of the license issued by the Chicopee License Authority.

Notice of Business Closing

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

License for Automatic Amusement and Weekday/Sunday Entertainment License

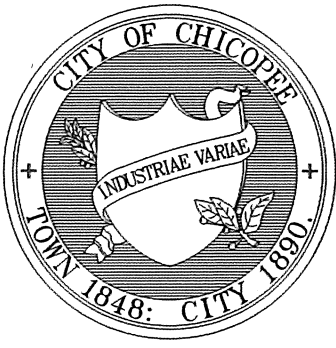
If the Common Victualer license holder wants to offer video games or entertainment of any kind including but not limited to radio, jukebox or television, the licensee is required to obtain an Automatic Amusement and Weekday/Sunday Entertainment License Application from the License Commission administrator at City Hall.

Acknowledgement for Automatic Amusement and Weekday/Sunday Entertainment License

I understand that before I place any amusement device or jukebox on the said premises, I must first file an application with the Licensing Authority and pay the annual fee if the application is approved.

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 licenses it issues, including hours of operation, when so doing is for the public good.



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COMMON VICTUALLER APPLICATION

\$100.00 FEE

To the Board of License Commissioners for the City of Chicopee:

The undersigned respectfully petitions your Honorable License Commission 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 Name: _____

Mailing Address: _____

Social Security or
Federal Identification Number (FIN): _____

Telephone: _____ Email: _____

Business /Corporate Name: _____

Business D/B/A: _____

Business Address: _____

Mailing Address *(If different)*: _____

Manager: _____

Hours of Operation: _____

Business Owner's Name *(If different than applicant)*: _____

Business Owner's Address: _____

Business Owner's Telephone: _____

OWNER MUST ATTACH A COPY OF A GOVERNMENT-ISSUED PHOTO IDENTIFICATION

Important Reminders

- Renewal Applications not postmarked by November 30th will be subject to a late fee of \$100.
- Renewal Applications not submitted by December 31ST will be considered operating without a license and ordered to close until all the proper paperwork is submitted.

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 (✓)
Photographs of premises (<i>new applicants only</i>):		
Government-issued photo identification (<i>copy</i>):		
Workers Compensation Insurance Affidavit:		
Alarm/Emergency Contact Form		
Certificate of Good Standing (Issued by Dept. of Revenue)		
Common Victualer Application Fee (\$100.00)		

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 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 #: _____



CHICOPEE POLICE DEPARTMENT
 110 Church Street
 Chicopee, MA 01020
 (413) 594-1700
 FAX # (413) 594-1693

ALARM / EMERGENCY CONTACT INFORMATION

Please update information and return as soon as possible

Date Effective: _____

Business/Residence Name: _____

Street Address: _____ Zip Code: _____

Phone #: _____ FAX#: _____

Alarm Company _____ Phone #: _____

 Primary Contact Last Name First () Phone #

 2nd Contact Last Name First () Phone #

 3rd Contact Last Name First () Phone #

(Please check ALL that apply)

- | | | | |
|----------------|-----------------------------------|-------------------------------------|---|
| Type of Alarm: | <input type="checkbox"/> Police | <input type="checkbox"/> Fire | <input type="checkbox"/> Emergency Contact Only |
| Location Type: | <input type="checkbox"/> Business | <input type="checkbox"/> Residence | <input type="checkbox"/> Location |
| Handicaps: | <input type="checkbox"/> Visual | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Hearing <input type="checkbox"/> Other _____ |

COMMENTS: _____

CAUTIONS: _____

Please return to: Chicopee Police Department
 Attn: IT Department
 110 Church Street
 Chicopee, MA 01020

Police Department Use Only:

District: _____
 ACTIVE
 INACTIVE

Site Number: _____
 IBR Type _____
 Site Type _____

Comments: _____