Town of Stoughton

10 Pearl Street · Stoughton MA 02072 · (781) 341-1300 · Fax (781) 344-5048

Business Contact Information

Business Name: _____

Business Location: _____

Business Telephone #: _____

Business Mailing Address: _____

_____

Contact Person: _____

Emergency Telephone #: _____

Email: _____

Second Emergency Contact Person: _____

Seconded Emergency Telephone #: _____

FID # or SS: _____

Licenses Held Through the Board of Selectmen

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Town of Stoughton

BOARD OF SELECTMEN – LOCAL LICENSING AUTHORITY

10 Pearl Street · Stoughton MA 02072 · (781) 341-1300 · Fax (781) 344-5048

Local Licensing Authority / Board of Selectmen
Town Hall, 10 Pearl Street
Stoughton, MA 02072

To the Honorable Board of Selectmen:

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I / we hereby certify, under the penalties of perjury, that I / we to the best of my / our knowledge and belief, have filed all state tax returned and paid all state and local taxes required under law.

_____ _____
Business or Corporate Name Social Security or Federal Identification #

_____ _____ _____ _____
Address Town State Zip

_____
Telephone Number

_____ _____
Signature of Individual or Corporate Officer Date

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 Section 49A.

Print Form

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
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 #:** _____