



## TOWN of WESTWOOD

### How to FILE for an ALCOHOLIC BEVERAGE LICENSE - Section 12 and Section 15 Licenses

A meeting with the Town Administrator is recommended in order for the applicant to become familiar with current business practices in Town.

Please review the Town of Westwood Rules and Regulations Governing Alcoholic Beverages.

1. A Criminal Offender Record Information ( CORI ) check of the applicant/owner, manager of record and corporate officers, directors and shareholders will be requested by the Board of Selectmen (BOS). Each individual requiring a CORI check must meet with the Alcohol Licensing Coordinator to complete a CORI Request Form and provide a government-issued picture ID and proof of citizenship.

2. All State forms available on the Alcoholic Beverages Control Commission website at [www.mass.gov/abcc/](http://www.mass.gov/abcc/) must be completed by the applicant along with the required Westwood forms and attachments available on the Town website at [www.townhall.westwood.ma.us](http://www.townhall.westwood.ma.us). Obtain all applicable **initial** plan reviews and/or **preliminary** approvals from the Building, Health, and Fire Departments. The entire application consisting of all Town and State forms with attachments and appropriate fee payments must be submitted to the Licensing Coordinator and reviewed for completeness.

**Failure to supply any of the required information will result in rejection of the application.**

4. The application materials will be reviewed by the Alcohol Review Committee which will prepare a report for the Board of Selectmen. The applicant will then be required to appear before the Board of Selectmen for a public hearing during one of their regularly scheduled meetings. It is the applicants' responsibility to place a legal notice in the local newspaper (The Westwood Press) and to notify abutters of the hearing in accordance with the time frame as specified by the ABCC. Should the BOS approve the application, it will be forwarded to the ABCC for confirmation. Once approval is received from the ABCC, the applicant must provide to the Town an updated Certificate of Insurance and TIPS information.

**NOTE:** the Board of Selectmen reserves the right to **postpone** license approval until all issues and concerns raised by the Board are addressed by the applicant to the Board's satisfaction; and also reserves the right to **deny** approval if the applicant fails to meet the application requirements, or does not/cannot resolve the issues and concerns raised by the Board.

5. Should the Board of Selectmen grant the license, the applicant will need to obtain all Building Department, Health Department, and Fire Department **final** approvals (i.e. permits, reviews, and /or inspections) before the license will be issued.

6. Application forms for **renewal** of all alcoholic beverages licenses will be mailed out in October and must be filed with the Alcohol Licensing Coordinator by November 30. Bank checks for the renewal fees including the annual CVL fee of \$50 where applicable, payable to the Town of Westwood, should accompany the renewal request. Should the deadline for renewal be missed, a loss of license will result and any subsequent license request shall be considered a completely new application and subject to those requirements and fees.

## FEES

- \$200 application fee
- \$50 Common Victualler License
- \$5000 All Alcoholic Beverages License
- \$2500 Wine and Malt Beverages Only License
- \$2500 Food Store License for Wine and Malt Beverages Only
- \$200 ABCC filing fee

**Annual renewal fees: same as above except for application and filing fees**

### APPLICATION CHECKLIST

- \_\_\_ CORI paperwork complete
- \_\_\_ ABCC application for an Alcoholic Beverage License
- \_\_\_ \*Common Victualler /Alcoholic Beverages License or Food Store License application
- \_\_\_ Corporate Articles of Organization with Seal of the Secretary of State
- \_\_\_ Partnership Agreement if applicable
- \_\_\_ Certificate of Organization for LLC if applicable
- \_\_\_ Vote of the Board of Directors appointing a manager
- \_\_\_ Manager's proof of U.S. citizenship
- \_\_\_ Year end financial statements for prior three years
- \_\_\_ Finance source documents: twelve (12) months of bank statements, loan papers, stock sales, etc.
- \_\_\_ Copies of purchase and sale documents if a Transfer of License
- \_\_\_ Copy of lease if applicant is leasing the premises
- \_\_\_ \*Town of Westwood Tax Certification form
- \_\_\_ Certificate of Good Standing from the Dept. of Revenue (DOR)
- \_\_\_ \*Certificate of liability insurance coverage and liquor liability insurance coverage
- \_\_\_ MA State Worker's Compensation Insurance Affidavit
- \_\_\_ \* Certificates of TIPS training for all alcoholic beverage servers
- \_\_\_ \* Proof of age for all alcohol beverage servers
- \_\_\_ \* Letter to police chief requesting extension of hours if applicable
- \_\_\_ \* Proposed food menu
- \_\_\_ \* Business plan to include securing alcohol, training of employees, food store checkout
- \_\_\_ \*Employee Manual for Handling the Service of Alcoholic Beverages
- \_\_\_ Blue print or hand drawn (to scale) floor plan (8½"X11") of the premises to include labeled:
  - \_\_\_ floor area ( dimensions and square footage for each room)
  - \_\_\_ service bars
  - \_\_\_ area of secured & unsecured seating including booths
  - \_\_\_ total number and arrangement of seats
  - \_\_\_ entrances and exits
  - \_\_\_ description of audio system
  - \_\_\_ private function rooms
  - \_\_\_ photograph of the exterior of the building
- The asterisk (\*) indicates Town of Westwood requirement

## INFORMATION CONCERNING THE PROCESS IN CORRECTING A CRIMINAL RECORD

1. If you have undergone a background check by an agency that has received a criminal record from the DCJIS, you may ask the agency to provide you with a copy of the criminal record. You may also request a copy of your adult criminal record from the Department of Criminal Justice Information Services, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 or by calling (617)660-4640 or go to [http://www.mass.gov/Eeops/docs/cjis/cori\\_request\\_personal.pdf](http://www.mass.gov/Eeops/docs/cjis/cori_request_personal.pdf)
2. The DCJIS charges \$25.00 fee to provide an individual with a copy of his/her criminal record. You may complete an affidavit of indigency and request that the DCJIS waive the fee.
3. Upon receipt, review the record. If you need assistance in interpreting the entries or dispositions, please review the disposition code and "how to read a criminal record" on the DCJIS website [www.mass.gov/cjis/cori/cori\\_bop.html](http://www.mass.gov/cjis/cori/cori_bop.html)
4. The DCJIS does not offer "walk-in" service but you may call our Legal Division at (617)660-4760 for assistance or the CARI Unit of the Office of the Commissioner of Probation at (617)727-5300.
5. If you believe that a case is opened on your record that should be marked closed, you may contact the Office of the Commissioner of Probation Department at the court where the charges were brought and request that the case(s) be updated.
6. If you believe that a disposition is incorrect, contact the Chief Probation Officer at the court where the charges were brought or the CARI Unit at the Office of the Commissioner of Probation and report that the court incorrectly entered a disposition on your criminal record.
7. If you believe that someone has stolen or improperly used your identity and were arraigned on criminal charges under your name, you may contact the Office of the Commissioner of Probation CARI Unit or the Chief Probation Officer in the court where the charges were brought. For a listing of courthouses and telephone numbers please see [www.mass.gov/cjis/cori/cori\\_codes\\_court.html](http://www.mass.gov/cjis/cori/cori_codes_court.html)
8. In some situations of identity theft, you may need to contact the DCJIS to arrange to have fingerprints analysis conducted.
9. If there is a warrant currently outstanding against you, you need to appear at the court and ask that the warrant be recalled. You cannot do this over the telephone.
10. If you believe that an employer, volunteer agency, housing agency or municipality has been provided with a criminal record that does not pertain to you, the agency should contact the CORI Unit for assistance at (617)660-4640.



**TOWN OF WESTWOOD**  
COMMONWEALTH OF MASSACHUSETTS

Philip N. Shapiro, Chairman  
Patrick J. Ahearn, Clerk  
Nancy C. Hyde, Third Member  
Michael A. Jaillet, Town Administrator  
Pamela M. Dukeman, Finance Director  
Christine E. McCarthy, Executive Assistant

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Westwood, MA 02090  
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**CRIMINAL OFFENDER RECORD INFORMATION (CORI) POLICY**

This policy is applicable to the criminal history screening of prospective and current employees, subcontractors, volunteers and interns, professional licensing applicants and applicants for the rental or leasing of housing.

Where Criminal Offender Record Information (CORI) and other criminal history checks may be part of a general background check for employment, volunteer work, licensing purposes, or the rental or leasing of housing, the following practices and procedures will be followed.

**I. CONDUCTING CORI SCREENING**

CORI Checks will only be conducted as authorized by the DCJIS and MGL c. 6, §, 172, and only after a CORI Acknowledgement Form has been completed.

With the exception of screening for the rental or leasing of housing, if a new CORI check is to be made on a subject within a year of his/her signing of the CORI Acknowledgement Form, the subject shall be given seventy two (72) hours notice that a new CORI check will be conducted.

If requestor is screening for the rental or leasing of housing, a CORI Acknowledgement Form shall be completed for each and every subsequent CORI check.

**II. ACCESS TO CORI**

All CORI obtained from the DCJIS is confidential, and access to the information must be limited to those individuals who have a "need to know." This may include, but not be limited to, hiring managers, staff submitting the CORI requests, and staff charged with processing job applications. The Town of Westwood must maintain and keep a current list of each individual authorized to have access to, or view, CORI. This list must be updated every six (6) months and is subject to inspection upon request by the Department of Criminal Justice Information Services (DCJIS) at any time.

**III. CORI TRAINING**

An informed review of a criminal record requires training. Accordingly, all personnel authorized to review or access CORI in the Town of Westwood will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available to the DCJIS.

Additionally, if the Town of Westwood is an agency required by MGL c. 6, §171A, to maintain CORI Policy, all personnel authorized to conduct criminal history background checks and/or review CORI information will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available by the DCJIS.

**IV. USE OF CRIMINAL HISTORY IN BACKGROUND SCREENING**

CORI used for employment purposes shall only be accessed for applicants who are otherwise qualified for the position for which they have applied.

Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determination of suitability based on background checks will be made consistent with this policy and any applicable law or regulations.

**V. VERIFYING A SUBJECT'S IDENTITY**

If a criminal record is received from the DCJIS, the information is to be closely compared with the information on the CORI Acknowledgement Form and any other identifying information provided by the applicant to ensure the record belongs to the applicant.

If the information in the CORI record provided does not exactly match the identification information provided by the applicant, a determination is to be made by an individual authorized to make such determinations based on a comparison of the CORI record and documents provided by the applicant.

**VI. INQUIRING ABOUT CRIMINAL HISTORY**

In connection with any decision regarding employment, volunteer opportunities, housing, or professional licensing, the subject shall be provided with a copy of the criminal history record, whether obtained from the DCJIS or from any other source, prior to questioning the subject about his or her criminal history. The source(s) of the criminal history record is also to be disclosed to the subject.

**VII. DETERMINING SUITABILITY**

If a determination is made, based on the information as provided in Section V of this policy, that the criminal record belongs to the subject, and the subject does not dispute the record's accuracy, then the determination of suitability for the position or license will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to, the following:

- (a) Relevance of the record to the position sought;
- (b) The nature of the work to be performed;
- (c) Time since the conviction;
- (d) Age of the candidate at the time of the offense;
- (e) Seriousness and specific circumstances of the offense;
- (f) The number of offenses;
- (g) Whether the applicant has pending charges;
- (h) Any relevant evidence of rehabilitation or lack thereof; and
- (i) Any other relevant information, including information submitted by the candidate or requested by the organization.

The applicant is to be notified of the decision and the basis for it in a timely manner.

**VIII. ADVERSE DECISIONS BASED ON CORI**

If an authorized official is inclined to make an adverse decision based on the result of a criminal history background check, the applicant will be notified immediately. The subject shall be provided with a copy of the organization's CORI policy and a copy of the criminal history. The source(s) of the criminal history will also be revealed. The subject will then be provided with an opportunity to dispute the accuracy of the CORI record. Subjects shall be provided a copy of the DCJIS' *Information Concerning the Process for Correcting a Criminal Record*.

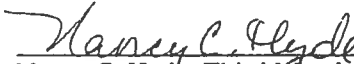
**IX. SECONDARY DISSEMINATION LOGS**

All CORI obtained from the DCJIS is confidential and can only be disseminated as authorized by law and regulation. A central secondary dissemination log shall be used to record any dissemination of CORI outside this organization, including dissemination at the request of the subject.

The above policy was signed and adopted by the Board of Selectmen on the ninth day of July in the year two-thousand and twelve.

  
\_\_\_\_\_  
Philip N. Shapiro, Chairman

  
\_\_\_\_\_  
Patrick J. Ahearn, Clerk

  
\_\_\_\_\_  
Nancy C. Hyde, Third Member



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI  
for the purpose of screening current and otherwise qualified prospective employees, subcontractors,  
volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or  
applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal  
information to the DCJIS. I hereby acknowledge and provide permission to  
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the  
date of my signature. I may withdraw this authorization at any time by providing  
written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the \_\_\_\_\_ may conduct subsequent CORI checks within one year  
of the date this Form was signed by me provided, however, that  
must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on  
Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SUBJECT INFORMATION:

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_ ft. \_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee



TOWN of WESTWOOD



COMMON VICTUALLER APPLICATION  
IN CONJUNCTION WITH AN ALCOHOLIC BEVERAGE LICENSE

Date: \_\_\_\_\_ License Renewal Y/N \_\_\_\_\_

The undersigned hereby applies for a Common Victualler/Alcoholic Beverages License in accordance with the provisions of the State Statute relating thereto: (PLEASE TYPE OR PRINT CLEARLY)

License Type: Restaurant \_\_\_\_\_ Club \_\_\_\_\_

License Category: All Alcoholic Beverages \_\_\_\_\_ Beer & Malt Beverages Only \_\_\_\_\_

Applicant: \_\_\_\_\_ d/b/a/ \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Day(s) & Time(s) of Peak Customer activity: \_\_\_\_\_

Est. # of Customers at Peak Time(s): \_\_\_\_\_ Est. # of Employees at Peak Time(s): \_\_\_\_\_

Manager: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Trash Hauler: \_\_\_\_\_ Telephone: \_\_\_\_\_

Size of Floor Space (sq. ft.): \_\_\_\_\_ Number of Barstools \_\_\_\_\_

Total No. of Interior Seats (include private function seating): \_\_\_\_\_

Size of outside patio space (sq. ft.) (if applicable): \_\_\_\_\_ #of patio seats: \_\_\_\_\_

Number of alcohol deliveries per week: \_\_\_\_\_ Location of deliveries: \_\_\_\_\_

Estimated time of deliveries: \_\_\_\_\_

Is your staff certified in a BOS approved alcohol beverage training program? \_\_\_\_\_

What is the training schedule in place to satisfy this requirement? \_\_\_\_\_

**CHECK ONE (If you are unsure, ask the Building Department)**    No Change of Use \_\_\_\_ New Use \_\_\_\_

I, the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge, and that pursuant to MGL Ch. 62C, Sec. 49A: 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 state taxes required under law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***No Common Victualler License will be approved until the applicant addresses all issues and/or concerns to the satisfaction of the Board of Selectmen; and no CVL will be issued until all required inspections have been conducted, permits granted, and final approvals given by the Building Department, Health Department, Fire Department and should it be applicable, the Planning Board.***

**DEPARTMENT APPROVALS FOR COMMON VICTUALLER/ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_

**INITIAL PLAN REVIEW & PRELIMINARY APPROVAL**

<i>Reviewing Department</i>	<i>Date</i>	<i>Comments</i>	<i>Signature</i>
Building Department:			
Health Dept. Director:			
Fire Department:			
Town Planner: (if applicable)			

**FINAL PERMITS/APPROVALS GRANTED**

<i>Approving Department</i>	<i>Date</i>	<i>Comments</i>	<i>Signature</i>
Building Department:			
Health Dept. Director:			
Fire Department:			

## PROCESS for NOTIFICATION of ABUTTERS and ABUTTER OCCUPANTS

1. Notification that a liquor license is being sought must be given to abutters of the proposed establishment within ten (10) days of filing the application. A list of abutters, as certified by the Westwood Board of Assessors, may be obtained in the Assessor's office at Town Hall. This list must show parcels of real estate which abut the proposed licensed premises within 300 feet and if there are any schools, churches, or hospitals within 500 feet of the premises.
2. Once the legal notice is published in a local newspaper with a general circulation within the Town of Westwood, a copy of the notice must be sent by certified mail, return receipt requested to each of the owners/abutters or organizations listed on the certified abutters list. This **must** be done within three (3) days of publication. Occupants (other than owners/abutters) may alternatively be notified by hand delivery, but the name of each person so notified must be identified on the certification list with the date and the type of notification. Notification of one adult members of each occupant household shall be adequate notification of all occupants of the household.
3. A complete list of owners/abutters, occupants, schools, churches and hospitals must be attached to the Affidavit of Notice form. Failure to notify all required parties is grounds for license denial.
4. Prior to the hearing, the Affidavit of Notice form must be returned to the office of the Alcohol Licensing Coordinator along with the green, return receipts which have been mailed back to the applicant.

CERTIFICATE OF CORPORATE VOTE

This document certifies that on \_\_\_\_\_ at \_\_\_\_\_ M, a special meeting of the Board of Directors of \_\_\_\_\_ Inc. was held at the Corporation's offices at \_\_\_\_\_.

All members of the Corporation's Board of Directors being present and voting, it was unanimously voted \_\_\_\_\_.

I, the undersigned, certify that this is a true copy.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date



## TOWN OF WESTWOOD

### SECTION 15 LICENSE APPLICATION

License Type – Food Store      License Category - Wine & Malt Beverages Only

Date: \_\_\_\_\_ License Renewal Y/N \_\_\_\_\_

The undersigned hereby applies for an Alcoholic Beverages License in accordance with the provisions of the State Statute relating thereto: (PLEASE TYPE OR PRINT CLEARLY)

Applicant: \_\_\_\_\_ d/b/a/ \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Day(s) & Time(s) of Peak Customer activity: \_\_\_\_\_

Est. # of Customers at Peak Time(s): \_\_\_\_\_ Est. # of Employees at Peak Time(s): \_\_\_\_\_

Manager: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Trash Hauler: \_\_\_\_\_ Telephone: \_\_\_\_\_

Entire Floor Space (sq. ft.): \_\_\_\_\_ Retail Floor Space (sq. ft.) \_\_\_\_\_

Retail Floor Space dedicated to alcohol sales (sq. ft.): \_\_\_\_\_ Floor Space for alcohol storage (sq. ft.): \_\_\_\_\_

Number of alcohol deliveries per week: \_\_\_\_\_ Location of deliveries: \_\_\_\_\_

Estimated time of deliveries: \_\_\_\_\_

Is your staff certified in a BOS approved alcohol beverage training program? \_\_\_\_\_

What is the training schedule in place to satisfy this requirement? \_\_\_\_\_

Attach a copy of the floor plan showing the location of space allocated to wine and malt beverages sales and storage and describe what method is used to separate and secure this area as necessary from the rest of the store:

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I, the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge, and that pursuant to MGL Ch. 62C, Sec. 49A: 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 state taxes required under law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***No License will be approved until the applicant addresses all issues and/or concerns to the satisfaction of the Board of Selectmen; and no License will be issued until all required inspections have been conducted, permits granted, and final approvals given by the Building Department, Health Department, Fire Department and should it be applicable, the Planning Board.***

**DEPARTMENT APPROVALS FOR OFF PREMISES ALCOHOLIC BEVERAGE LICENSE**

Name of Applicant: \_\_\_\_\_

**INITIAL PLAN REVIEW & PRELIMINARY APPROVAL**

<i>Reviewing Department</i>	<i>Date</i>	<i>Comments</i>	<i>Signature</i>
Building Department:			
Health Dept. Director:			
Fire Department:			
Town Planner: (if applicable)			

**FINAL PERMITS/APPROVALS GRANTED**

<i>Approving Department</i>	<i>Date</i>	<i>Comments</i>	<i>Signature</i>
Building Department:			
Health Dept. Director:			
Fire Department:			



# Massachusetts Smoke-free Workplace Law

## Common Questions for Establishments with Liquor Licenses

The Massachusetts Smoke-free Workplace Law (M.G.L. 270, chapter 22, “An Act to Improve the Public Health in the Commonwealth”) prohibits smoking in workplaces to protect employees and the public from secondhand smoke. This law amends the 1988 Massachusetts Clean Indoor Air Law. For additional information, contact the Massachusetts Department of Public Health at 1-800-992-1895 or go to [www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp).

**The Massachusetts Smoke-free Workplace Law went into effect July 5, 2004.**

1. **Is this the only law regarding smoking?** No. The majority of cities and towns also have regulations, by-laws or ordinances on secondhand smoke. The state law permits cities and towns to pass stricter laws than the state law. If there is a difference between the state law and a local law, the stronger law prevails. Some cities and towns, for example, have banned smoking in all private clubs.
2. **Are private clubs or membership associations exempt from the regulations?** A not-for-profit entity that is established and operates for a charitable, philanthropic, civic, social, benevolent, educational, religious, athletic, or similar purpose is exempt except when the membership association is open to the public.

For example, a function must be smoke-free if:

- A rental fee is paid or
  - Tickets are sold to the public or
  - The public is invited to attend the function (examples: advertisements, signs, invitations, etc) or
  - A person who is a temporary, contract employee or independent contractor is hired to perform a job (examples: bartender, caterer, disc jockey, etc.).
3. **Can members of the membership association smoke while the facility is open to the public?** Only if the membership association has an enclosed indoor space that is separate from the space open to the public and “the space is restricted by the association to admittance only of its members, the invited guest of a member, and the employees of the membership association.” The association must ensure that members of the public do not enter the enclosed space where smoking is permitted.

**Caution:** Admittance of the general public and sale of alcoholic beverages to the general public by a private membership association holding a “club” type of alcoholic beverages license violates the terms and conditions of that “club” type license and can result in suspension or revocation of that license by the local licensing authorities or the Alcoholic Beverages Control Commission.

4. **Can a restaurant or a bar have smoking on an outdoor patio or deck?** If the area is open to the air at all time and cannot be enclosed, and the smoke does not migrate into the building, smoking is allowed. If smoke migrates into the workspace, the outdoor space will be considered an extension of the enclosed workspace and smoking is prohibited. The Department of Public Health is considering promulgating regulations to establish guidelines for outdoor spaces and enclosures.
5. **What are the penalties?** The first offense for workplaces is \$100, the second offense occurring within 2 years of the first offense is \$200 and the third or subsequent offense occurring within 2 years of the second offense is \$300. An individual smoker can be fined \$100 for each offense. Municipalities may have local laws with stricter penalties.

**The full text of the law, fact sheets and no smoking signs are available at [www.mass.gov/dph/mtcp](http://www.mass.gov/dph/mtcp).**

# TOWN OF WESTWOOD



Louise C. Rossi, Alcohol Licensing Coordinator  
781-251-2598  
lrossi@townhall.westwood.ma.us

## TAX CERTIFICATION

I certify, under the penalties of perjury, that the below mentioned firm or person, to the best of my knowledge and belief, has paid in full, to date, any and all real estate taxes due and/or personal property taxes owed the Town of Westwood.

**NAME/FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY:  
OR FEDERAL ID#:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
Westwood Tax Department

**DATE:** \_\_\_\_\_



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 #: \_\_\_\_\_

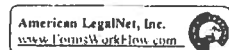
***Official use only. Do not write in this area, to be completed by city or town official.***

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 #: \_\_\_\_\_



# 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

