



***Town of West Boylston***  
**Application for Motel Operation Permit**

PLEASE SUBMIT COMPLETED APPLICATION FORM TO THE OFFICE OF THE BOARD OF SELECTMEN/TOWN ADMINISTRATOR, 127 HARTWELL STREET, WEST BOYLSTON, MA.

**BUSINESS NAME:** \_\_\_\_\_

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

**BUSINESS TELEPHONE:** \_\_\_\_\_

**MAILING ADDRESS (if different from above):** \_\_\_\_\_  
\_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_

**OWNER'S TELEPHONE:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_

**APPLICANT'S TELEPHONE:** \_\_\_\_\_

**If a corporation or partnership, or LLC, please provide the following information for officers or partners in addition to attaching a copy of your approved Articles of Organization including directors or officers:**

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STATE & DATE OF INCORPORATION:** \_\_\_\_\_

**Name, Residential Address and Telephone Contact Number (24-Hours a Day) for the Manager:**

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

**THE BOARD OF SELECTMEN SHALL BE NOTIFIED WITHIN THREE (3) DAYS OF ANY CHANGES IN THE ABOVE INFORMATION**

**Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.**

\_\_\_\_\_  
**Social Security # or Federal I.D.#**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Corporate Officer (if applicable)**

**CERTIFICATE OF COMPLIANCE  
PROVIDING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 of the Massachusetts General Laws requires that every 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 until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must apply one of the following by attaching it the Certificate of Compliance.

**IF YOU HAVE EMPLOYEES:**

\_\_\_\_ I submit a Certificate of Insurance showing workers' compensation insurance or a copy of a policy of workers' compensation in effective as of the date upon which the issuance or renewal of the license or permit is requested.

**IF YOU DO NOT HAVE EMPLOYEES:**

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption. A notary must sign this sworn statement. **DO NOT SIGN** the form until told to do so by the Notary Public.

\_\_\_\_ I am self-employed and have no employees who work for me, and do all of the work of my business named \_\_\_\_\_ at \_\_\_\_\_ myself. Therefore, I am not required to obtain workers' compensation insurance.

**OR**

\_\_\_\_ I and \_\_\_\_\_ are the owners of the business named \_\_\_\_\_, and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

Commonwealth of Massachusetts

County of \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned Notary Public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identity, which was/were \_\_\_\_\_ to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires on: \_\_\_\_\_