



Town of West Boylston
Renewal 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. DURING THE MONTH OF NOVEMBER

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: _____