

## LIQUOR LICENSE APPLICATION INSTRUCTIONS

The granting of a retail license, including new license; transfer of license; or amending your license such as change of manager; change of stockholder, change of hours, ect., must begin with an application completed electronically on the ABCC's website.

(<https://www.mass.gov/orgs/alcoholic-beverages-control-commission>)

Once you have completed the application electronically on the ABCC website, print all documents and submit them to the Town Administrator's office along with the following supporting documents below:

1. Copies of Alcohol Safety Certification (such as TIPS, SafeServ, or other alcohol service safety program), for manager and all serves who handle alcohol.
2. A CORI request form for proposed Manager/Owner on record that must be returned with a copy of any form of governmental issued photo identification.
3. Completed Revenue Enforcement and Protection Form (REAP Attestation Form)
4. Proof of Workers Compensation Insurance, (copy of Workers' Compensation policy declaration page showing the policy number and expiration date), if applicable.
5. Certificate of Good Standing to be filed out by the Collector/Treasurer
6. Copy of Liquor Liability Insurance (before license is issued)

These items must be completed and submitted with your Application before consideration.

– Please note that applicant is responsible for mailing notification of hearing to abutters via Certified Mail. Please follow attached instructions for notification to abutters.

Applicant is responsible for cost of ad associated with the hearing.

Following the hearing, the applicant will be responsible for the cost of the license

Liquor All Alcohol – Restaurant	\$1,500.00
Liquor All Alcohol – Innholder	\$1,500.00
Liquor –All-Alcohol-Club	\$1,500.00
Liquor – Beer & Wine – Restaurant	\$750.00
Liquor – All Alcohol – Package Store	\$1,000.00
Liquor – Beer & Wine – Package Store	\$750.00

Should you have any questions, please feel free to contact the Town Administrator's office at 508-646-2800 Paula Ramos, Assistant to Town Administrator.



**TOWN OF SOMERSET  
OFFICE OF THE SOMERSET BOARD OF SELECTMEN**

**ATTESTATION FORM**

**REVENUE ENFORCEMENT AND PROTECTION (REAP)**

BUSINESS NAME:

BUSINESS ADDRESS:

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 and local taxes required by law.

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Signature of Individual or Corporate Name (Mandatory)

(Date)

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Signature of Corporate Officer (Mandatory, if applicable)

(Date)

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\*\*Social Security Number (Voluntary) or Federal Identification Number

\*\* 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. Licenses 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 Laws, Chapter 62C, Section 49A.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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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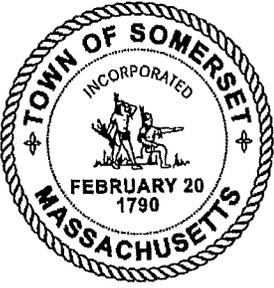
## City or Town Officials

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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



**TAX FORM**

**THIS FORM MUST BE SIGNED BY THE TAX COLLECTOR AND ASSESSOR**

**PLEASE PRINT INFORMATION**

**ADDRESS OF PROPERTY** \_\_\_\_\_ **MAP** \_\_\_\_\_ **LOT** \_\_\_\_\_

**OWNER OF PROPERTY** \_\_\_\_\_

**NAME OF APPLICATN** \_\_\_\_\_

**ADDRESS OF APPLICANT** \_\_\_\_\_

**I CERTIFY THAT THE APPLICANT LISTED ABOVE HAS NO OUTSTANDING TAX DUE THE TOWN OF SOMERSET FOR ANY PROPERTY OWNED OR JOINTLY OWNED BY THE APPLICANT. I ALSO CERTIFY THAT THE OWNER OF THE PROPERTY LISTED HAS NO OUTSTANDING TAX DUE THE TOWN OF SOMERSET.**

**TAX COLLECTOR, TOWN OF SOMERSET** \_\_\_\_\_

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

**I CERTIFY THAT THE MAP AND LOT NUMBERS ARE CORRECT FOR THE PROPERTY LISTED ABOVE.**

**ASSESSOR, TOWN OF SOMERSET** \_\_\_\_\_

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

## INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

*An abutter is an "owner of adjoining land; one whose property abuts another's." As such, to satisfy the legal requirement of notice to an abutter, the applicant only needs to give notice to the owners of all the properties whose boundaries touch the boundaries (front, back, left and right) of the premises where the business is intending to open. The applicant may choose to notice additional persons (i.e. those across the street) but is **not** required to do so. Applications/petitions relating to alcoholic beverage license are further required to notice any schools, churches or hospitals within five hundred (500) feet of the proposed business location.*

1. Obtain a list of abutters as defined above, from the Assessor's office. If your application/petition relates to a liquor license, you also need to ask for a list of schools, churches and hospitals within five hundred (500) feet of the proposed business's location.
2. Complete the *Affidavit of Notice to Abutters and Others* by listing the names and mailing addresses of the abutters in the spaces provided and/or attaching the list to the *Affidavit*.
3. When the legal notice is published in the Spectator, you must send a copy of the advertisement to each abutter by Certified Mail, Return Receipt Requested. You must mail out these notices within three (3) days of the date the advertisement is published. Hearing notice is obtained from the Selectmen's office.
4. Bring the completed and notarized *Affidavit* to the hearing. You must attach to the *Affidavit* a copy of the advertisement, the original certified mail receipts, and the original return certified receipts (green cards) bearing signatures of persons receiving said notices and those which were returned as undeliverable mail. You must turn in the original receipts and green receipt cards to the Board during the hearing.

**AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS**

I, (print your name) \_\_\_\_\_, applicant/applicant's representative for a (print type of license requested) \_\_\_\_\_ license, to be operated at (print address of proposed location) \_\_\_\_\_ hereby certify that the following is a true list of the owners of the abutting property(ies) per the Assessor's most recent valuation list: \_\_\_\_\_

And that the following schools, churches or hospitals are located within a five hundred (500) feet radius from said proposed location (if none, please specify as such): \_\_\_\_\_

I also certify that notice of the application/petition was given to each of the above-listed by mailing via Certified Mail, Return Receipt Requested, within three days after publication of the advertisement of the application/petition, a copy of the attached advertisement of the application/petition. Proof of service is evidenced by the attached certified mail receipts and return certified receipts bearing signatures of persons receiving said notices, in addition to those which were returned as undeliverable mail.

Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ (Notary Public Seal)

Name of Notary Public: \_\_\_\_\_

Commission Expires: