

• I: Common Forms  
• License-Permit Application  
packets  
• Carnival  
6-19-14

## CARNIVAL PERMITS

### The Amusement company must provide/complete the following forms:

1. Application for Amusement Devices Permit – only charge \$50 per carnival, not by the day, except Sunday which is an additional \$50 fee.
2. If the carnival will be held on a Sunday, then the Comm. Of Mass. License for Public Entertainment on Sunday. \$50.00 Municipal Fee.
3. A copy of the Amusement Company's License to Operate Amusement Devices from the Comm. Of Mass. Dept. of Public Safety, showing their license number and expiration date of License. This will list the amusement rides and devices they are licensed to operate.
4. Worker's Comp Affidavit
5. Worker's Comp Certificate of Ins.
6. DOR Form
7. A Certificate of Insurance naming the Town of Canton as Additional Insured.



Commonwealth of Massachusetts

TOWN OF CANTON

Application for Amusement Devices Permit

Monday - Saturday

Date of Application: \_\_\_\_\_

In accordance with the provisions of the State Statues relating thereto, application for a permit for amusement devices is hereby made by:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

for \_\_\_\_\_ (number of devises)

Please list devices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee: Per machine \$50.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
No. Devices Total

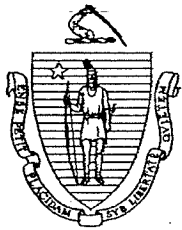
*CARNIVAL \$50. -  
TOTAL.*

Signature \_\_\_\_\_

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

Mailing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 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 an 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**

600 Washington Street

Boston, MA 02111

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

Fax # 617-727-7749

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

DATE OF APPLICATION: \_\_\_\_\_

Board of Selectmen/Licensing Authority  
Memorial Hall  
801 Washington Street  
Canton, MA 02021

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

***Business or Corporate Name*** \_\_\_\_\_

**D/B/A if any** \_\_\_\_\_

**Signature of Individual  
or Corporate Officer (Mandatory\*)** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Business Address (Number & Street)** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Federal Identification Number** \_\_\_\_\_

**Home Address of the applicant:** \_\_\_\_\_

\_\_\_\_\_

**Cell phone:** \_\_\_\_\_

- This license will not be issued unless this certification clause is signed by the applicant.

Your federal identification number will be furnished to the Mass. Department of Revenue to determine whether you have met tax filing and tax payment obligations. Licensees who fail to correct their non-filings or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws, Chapter 62, Section 49A.

**THE COMMONWEALTH OF MASSACHUSETTS  
OF**



State Fee, \$ \_\_\_\_\_  
Municipal Fee, \$ \_\_\_\_\_

**LICENSE**

**For  
PUBLIC ENTERTAINMENT ON SUNDAY**

The Name of the Establishment is \_\_\_\_\_ in or on the property at No. \_\_\_\_\_ (address)

The Licensee or Authorized representative, \_\_\_\_\_ in

accordance with chapter 136 of the General Laws, as amended, hereby request a license for the following program or entertainment:

DATE	TIME	Proposed dancing or game, sport, fair, exposition, play, entertainment or public diversion

Hon. \_\_\_\_\_ Mayor/ Chairman of Board of Selectman, \_\_\_\_\_ (City or Town)

**Fees per occurrence (Individual Sunday(s)): Regular Hours (Sunday 1:00pm – Midnight): \$2.00 Special Hours (Sunday 12:00 am- Midnight): \$5.00. Annual Fee (For Operating on every Sunday in calendar year): Regular Hours (Sunday 1:00pm – Midnight): \$50.00 Special Hours (Sunday 12:00 am- Midnight): \$100.00**

This license is granted and accepted, and the entertainment approved, upon the understanding that such entertainment that the licensee shall comply with the laws of the Commonwealth applicable to licensed entertainments, and also to the following terms and conditions: The licensee shall at all times allow any person designated in writing by the Mayor, Board of Selectmen, or Commissioner of Public Safety, to enter and inspect his place of amusement and view the exhibitions and performances therein; shall permit regular police officers, detailed by the Commissioner of Public Safety or Chief of the local Police Department to enter and be about this place of amusement during performances therein; may employ to preserve order in his place of amusement only regular or special police officers designated therefore by the Chief of Police, and shall pay to said Chief of Police for the services of the regular police officers such amount as shall be fixed by him; shall permit at all times to enter and be about his place of amusement such members of the Fire Department as shall be detailed by the Chief of the Fire Department to guard against fire; shall keep in good condition, go as to be easily accessible, such standpipes, hose, axes, chemical extinguishers and other apparatus as the fire department may require; shall allow such members of the fire department in case of any fire in such place, to exercise exclusive control and direction of his employees and of the means and apparatus provided for extinguishing fire therein; shall permit no obstruction of any nature in any aisle, passageway or stairway of the licensed premises, nor allow any person therein to remain in any aisle passageway or stairway during an entertainment; and shall conform to any other rules and regulations at any time made by the Mayor or Board of Selectmen. This license shall be kept on the premise where the entertainment is to be held, and shall be surrendered to any regular police officer or authorized representative of the Department of Public Safety. This license is issued under the provisions of Chapter 136 of the General Laws, as amended, and is subject to revocation at any time by the Mayor, Board of Selectmen, or Commissioner of Public Safety.

**Do not write in this box**

**This application and program must be signed by the licensee or authorized representative of entertainment to be held. No Change to be made in the program without permission of the authorities granting and approving the license.**

**THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES**