



The Commonwealth of Massachusetts

Fee: \$10.00

TOWN OF HANCOCK Business Certificate

Certificate #:

Issue date:

Expiration date:

In conformity with the provisions of Ch.110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: _____

Nature of Business: _____ is conducted at

Location of Business: _____

Please provide street address. List mailing address as well, if different.

by the following named persons:

Owner Name(s) *

Owner Residence Address(es)*

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

* If a corporation is the owner, provide the corporate name and address, plus the name and title of the signing officer.

Sign below, only in the presence of a Notary Public or the Town Clerk.

1. _____
2. _____

3. _____
4. _____

State/Commonwealth of: _____

Date: _____

_____, SS.

Personally appeared before me the above-named
and made oath that the foregoing statements are true. Signed and sealed.

Notary Public / Town Clerk

My commission expires:

State/Commonwealth of: _____

Date: _____

_____, SS.

Personally appeared before me the above-named
and made oath that the foregoing statements are true. Signed and sealed.

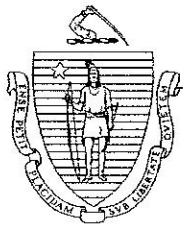
Notary Public / Town Clerk

My commission expires:

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

(Town Seal)

Town Clerk



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 #: _____

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 #: _____

TOWN OF HANCOCK

I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under penalty.

* Signature of Individual

** Social Security Number or
Federal Identification Number

* This business certificate will not be issued unless this certification clause is signed by the applicant.

** 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. Licensees who fail to correct their non-filing or delinquency will be subject to certificate suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.