

David Hall, Chairman  
Wendy M. Mead, Vice Chair  
Jesse Limanek, Clerk  
Jonathan Anderson  
Jeffrey Bannon



Sutton Town Hall  
4 Uxbridge Road  
Sutton, Massachusetts 01590  
(508) 865-8727  
Fax: (508) 865-8721

James A. Smith,  
Town Manager

TOWN OF SUTTON  
BOARD OF SELECTMEN

**TO: ALL LICENSE HOLDERS**  
**RE: 2020 LICENSE RENEWALS**  
**DATE: OCTOBER 13, 2019**

Enclosed you will find an application for renewing your license(s) for the period from January 1, 2020 to December 31, 2020. The fees are listed below for your convenience. Please indicate which license(s) you are renewing and return this form along with your completed application.

**If you are a Class II License holder, you must have your bond or continuation certificate sent to this office before you can receive your License, please plan accordingly.**

**If you are renewing an on premise Liquor License, you must provide a copy of the Mandatory Liquor Liability Insurance showing coverage for 2020 before you can receive your License. (MGL c.138 , §12)**

Completed applications and a check made payable to the "Town of Sutton" should be returned to the Selectmen's Office, 4 Uxbridge Road Sutton MA 01590 on or before November 18, 2019. Upon receipt the license application will be reviewed as well as the checklist from appropriate town departments (Police, Fire, Board of Health, Town Clerk and Town Collector). If everything is in order your renewal application will be voted on at a Selectmen's meeting in December and returned to you by the beginning of January.

	LICENSE TYPE	FEE
	Class I, II, III	\$85.00
	Common Victualer	\$50.00
	Innkeeper's License	\$15.00
	Lodging House/Motel Permit	\$60.00
	Sunday Entertainment-Town of Sutton	\$150.00
	Amusement Devices (Jukebox/vending/ Etc.)	\$100.00 each
	Music and Dance	\$25.00
	All Alcohol Beverage License/Package Store	\$550.00
	All Alcohol Beverage License/Restaurant	\$1,100.00
	Beer & Wine Beverage License/Package Store	\$350.00
	Beer & Wine License Restaurant	\$350.00



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## TOWN OF SUTTON

### TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the general laws relating thereto, application is hereby made a permit license.  
(Please print or type)

Name of Business: \_\_\_\_\_

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

License/Permit applied for: \_\_\_\_\_

New Application ( )

Renewal Application ( )

Location of License/Permit to be exercised: \_\_\_\_\_

Describe as completely as possible, the reason license/permit is desired and type of operation proposed:

\_\_\_\_\_  
\_\_\_\_\_  
PURSUANT TO MASS GENERAL LAWS, CHAPTER 62C, SECTION 49, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FILED A STATE TAX AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

Name of Applicant: \_\_\_\_\_

Signature of Individual or Corporate Name: \_\_\_\_\_

Signature of Corporate Officer (if applicable): \_\_\_\_\_

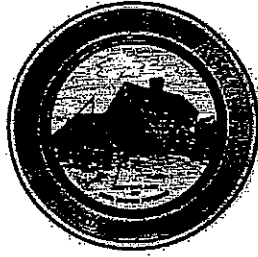
Address of Applicant: \_\_\_\_\_

Phone Number (Daytime): \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

BOARD OF SELECTMEN'S OFFICE



Sutton Town Hall  
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## Town of Sutton

### MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I hereby declare under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

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\*Signature of individual or Corporate Names (Mandatory)

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By: Corporate Officer (Mandatory, if applicable)

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\*\* Social Security Number or Federal Identification Number

\* This license 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 license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C, Section 49A.



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

FORM MUST BE FILLED  
OUT COMPLETELY

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 #: \_\_\_\_\_