



Town Of Oak Bluffs Moped / Motor Scooter Business License Application

Map _____ Lot _____

Type of License: Seasonal: _____ Annual: _____

Date Applied: _____	Date Approved: _____	Date Issued: _____
----------------------------	-----------------------------	---------------------------

Business Name: _____

Business Physical Address: _____

Business Telephone: _____

Applicant: _____

Applicant Phones: hm: _____ Cell: _____ office _____

Name of the Owner of the Business: _____

Owner Phones: hm: _____ Cell: _____ office _____

Is Applicant is Corporation? Yes: _____ No: _____

If Yes 1) Name of the President: _____

Address: _____

Phones: hm: _____ Cell: _____ office _____

2) Name of the Treasurer: _____

Address: _____

Phones: hm: _____ Cell: _____ office _____

3) Name of the Clerk: _____

Address: _____

Phones: hm: _____ Cell: _____ office _____

4) Name of the Director: _____

Address : _____

Phones: hm: _____ Cell: _____ office _____

Provide the following information with respect to location:

- 1) A detailed plan including building dimensions and training track location for the proposed business: Yes: _____ No: _____
- 2) Copy of compulsory coverage insurance: Yes: _____ No: _____
- 3) Total number of Vehicles : _____
- 4) List of Individual Vehicles Color, Make and Models : _____
- 5) Proposed hours of Operation: _____

Sign Offs:

I hereby certified by signing that the party is in good standing with respect to any and local taxes, fees, assessments, betterments or other municipal charges, payable to the municipality as of the date.

Town Clerk : _____ Date : _____

Tax Collector: _____ Date: _____

Waste Water : _____ Date: _____

Your license is the property of the Town Of Oak Bluffs

The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of,(dba) _____

Signature of Applicant: _____

Office Use Only:

Application Fee: \$50.00 Paid: _____

License Fees Paid: _____

Board of Selectmen Approval : _____ Date: _____

BOS License No.: _____ Decal No: _____

Applicant received a copy of Town Moped/Scooter By Laws: _____ Yes _____ No

IMPORTANT OVER -> CERTIFICATION OF STATE TAX COMPLIANCE ->



Town of Oak Bluffs
Certificate of Inspection Application
Oak Bluffs Building Department

Map _____ Lot _____

In Accordance with Massachusetts State Building Code, Section 106
THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAY

Business Name : _____	Physical Location : _____		
Applicant Name : _____	Mailing Address : _____		
Applicant Phones and Email :			
hm: _____	cell: _____	work: _____	email: _____
Business Owner : _____	Mailing Address : _____		
Owner Phones and Email :			
hm: _____	cell: _____	work: _____	email: _____
Owner's Signature : _____	Date : _____	SS#or FEIN: _____	
Building Owner : _____	Contact Information : _____		

Establishment Type

Seasonal ____ Annual ____ Date Open: _____ Time of Operation: ____ AM to ____ PM

Alcohol Consumed on Premises: Occupancy From Previous Year? _____

Restaurant/Common Victualler : Occupancy From Previous Year ? _____

General Retail: Occupancy from Previous Year? _____

Inn Holder/ Lodging: Occupancy From Previous Year? _____ No od Rooms? _____

Entertainment: When? Where? How? _____

Describe ANY changes in layout or changes to building from previous year: _____

Attached Floor plan w/Occupant Load: _____ Yes _____ No All Floor Plans Showing

Occupancies to be Done by an Engineer/ Architect and Stamped

Additional Information:

Applicant Signature: _____ Date: _____

Building Official's Signature: _____ Date: _____

Use this check list to prepare for Fire Dept. & Building Dept. Inspections.

- ALL Means of Egress unobstructed and available for immediate use. 527 OM 10.03 (1) (3)
- Sprinkler System Test Date should be current.
- Fire Alarm Test Date should be current.
- Fire Alarm Pull Stations clear of obstructions.
- Flame Retardant Compliance Documents for decorations. 527 CMR BOFPR
- ALL Exit Doors operable. 527 CMR 10.03 (13) (a) CIVIR 10.17 (4)
- Fire Extinguishers properly maintained, Inspection Dates at each means of egress. 527 CMR 10.02 (1)
- Emergency Lighting present and operating.
- All Exit Sign Lighting operable at each means of egress. 527 OVER 10.17 (4) (e)
- Commercial Range Hood inspection should be current. Tag must be visible on hood 527 CMR 11.00
- Ansul System inspection should be current. 527 CMR 23.00
- Daily Crowd Manager Checklist maintained.
- Accountability of all occupants including staff.



Town of Oak Bluffs
 Certificate of Inspection Application
 Oak Bluffs Fire Department

Business Name: _____ Physical Address: _____ Map _____ Lot _____

Applicant Name: _____

Applicant Phone: cell _____ office _____
 home _____ email _____

Number of occupancy allowed on premises: _____ Date: _____

Office Use Only:

1) All Means of Egress unobstructed and available for immediate use. 527 CMR 10.03 (1) (3)
 Pass _____ Fail _____ Comment: _____

2) All Exit Doors operable.
 Pass _____ Fail _____ Comment: _____

3) All Exit Sign Lighting operable at each means of egress. 527 CMR 10.02 (1)
 Pass _____ Fail _____ Comment: _____

4) Emergency lighting present and operating.
 Pass _____ Fail _____ Comment: _____

5) Fire Extinguishers properly maintained with inspection dates current, posted and mounted with sign for location 527 CMR 10.02
 Pass _____ Fail _____ Comment: _____

6) Fire Alarm Test Date should be current and have paper on site of test.
 Pass _____ Fail _____ Comment: _____

7) Fire Alarm Pull Stations clear of obstruction.
 Pass _____ Fail _____ Comment: _____

8) Sprinkler System test date should be current. Tag must be visible on system.
 Pass _____ Fail _____ Comment: _____

9) Flame Retardant compliance documents for decorations. 527 CMR 22.00

Pass_____ Fail_____ Comment: _____

10) Commercial Range Hood inspection should be current. Tag must be visible on hood527
CMR 11.00

Pass_____ Fail_____ Comment: _____

11) Ansul System inspection should be current. 527 CMR 23.00

Pass_____ Fail_____ Comment: _____

12) Daily Crowd Manager Checklist maintained.

Pass_____ Fail_____ Comment: _____

13) Accountability of all occupants including staff.

Pass_____ Fail_____ Comment: _____

Comments: _____

Fire Chief: _____



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>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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>Business Type (required):</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>
---	--

*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other _____</p>	
Contact Person: _____	Phone #: _____

