



Town of Oak Bluffs Business License Application

Map ____ Lot ____

This Form must be complete to avoid processing Delays. Please return to Selectmen's office.

Business Name: _____	Physical Address: _____
Applicant Name: _____	Mailing Address: _____
Applicant Phone: hm _____ cell _____ email _____	
Owner of Business: _____	Mailing Address: _____
Owner Phone: hm _____ cell _____ email _____	
Applicant Signature: _____	Date: _____ SS# or FEIN _____

Type of License: Annual ____ Seasonal ____ **Dates Open:** From: ____ To: ____

Alcohol Consumed on Premises:	New ____ Renewal ____ #Seats ____ #Entrance ____ # Exits ____
Alcohol not Consumed on Premises:	New ____ Renewal ____ #Entrance ____ # Exits ____
Common Victualler :	New ____ Renewal ____ #Seats ____ #Entrance ____ # Exits ____
General Retail:	New ____ Renewal ____ #Entrance ____ # Exits ____
Inn Holder/ Lodging:	New ____ Renewal ____ #Rooms ____ #Entrance ____ # Exits ____
Transient Vender:	New ____ Renewal ____ other (Explain) _____
Taxi Business:	New ____ Renewal ____ other (Explain) _____ Number of Vehicles to be licensed _____ Address where vehicles will be stored _____
Livery Business:	New ____ Renewal ____ other (Explain) _____ Number of Vehicles to be licensed _____ Address where vehicles will be stored _____
Auto Business:	New ____ Renewal ____ other (Explain) _____ Number of Auto vehicles to be licensed _____
Other Business:	Specify _____

Has anything changed from last year including Floor Plan, Management, Occupancy, Seats, etc.? _____

If so, please explain _____

Please see the following departments for their sign offs, which you will need before the Selectmen can issue your business license.

Required Sign Offs

Town Clerk: _____	Date: _____
Tax Collector: _____	Date: _____
Wastewater 1: _____	Date: _____
Wastewater 2: _____	Date: _____

**Tax department can sign for Wastewater 1 *Wastewater 2 necessary for new businesses and/or change of premise*

Reminder to see Building Department, Board of Health, and Fire Department for other required permits, fees, and inspections.

Office Use Only :

Application Received Date: _____

Board of Selectmen Approval Date: _____

Fees Paid: check/cash _____ Date: _____

Certificate of State Tax Compliance: _____ Yes _____ No

Workers Compensation Insurance: _____ Yes _____ No

ABCC renewal form if applicable: _____ Yes _____ No



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 Address: _____

Applicant Name: _____ Mailing Address: _____

Applicant Contact Info:

Phone _____ cell _____ email _____

Owner of Business: _____ Mailing Address: _____

Owner Contact Info:

Phone _____ cell _____ email _____

Owner's Signature : _____ **Date :** _____ **SS#or FEIN:** _____

Building Owner : _____ Contact Information : _____

Establishment Type

Seasonal ____ Annual ____ Dates Open: _____ Time of Operation _____

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 of 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:** _____

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

Map ____ Lot ____

Business Name: _____ Physical Address: _____

Applicant Name: _____ Mailing Address: _____

Applicant Contact Info:
 Phone _____ cell _____ email _____

Number of occupancy allowed on premises: _____

Applicant Signature: _____ **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 _____ N/A _____ Comment: _____

7) Fire Alarm Pull Stations clear of obstruction.

Pass _____ Fail _____ N/A _____ Comment: _____

8) Sprinkler System test date should be current. Tag must be visible on system.

Pass_____ Fail_____ N/A_____ Comment: _____

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

Pass_____ Fail_____ N/A_____ Comment: _____

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

Pass_____ Fail_____ N/A_____ Comment: _____

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

Pass_____ Fail_____ N/A_____ Comment: _____

12) Daily Crowd Manager Checklist maintained.

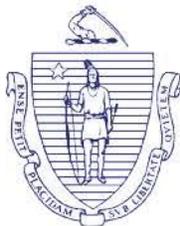
Pass_____ Fail_____ N/A_____ Comment: _____

13) Accountability of all occupants including staff.

Pass_____ Fail_____ N/A_____ Comment: _____

Comments:

Fire Chief:



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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 § 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 (check one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
- 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____

