



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 _____

Preliminary Approval

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

The Applicant shall be responsible for obtaining these signatures:

Signature of Approving Authority	Date	Comment
Building Department: _____	_____	_____
Health Department: _____	_____	_____
Fire Department: _____	_____	_____
Tax Collector: _____	_____	_____
Town Clerk: _____	_____	_____
Wastewater Department: _____	_____	_____
Zoning Department: _____	_____	_____

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

For Alcohol applications, ABCC application on file: _____ Yes _____ No

Comments: _____



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 #: _____

<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 § 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 #: _____

