



City of Everett
OFFICE OF THE CITY CLERK

Mailing Address: City Hall, Room 10, 484 Broadway, Everett, MA 02149
Phone: (617) 394-2225 **Hours:** M; 8:00a-7:30p, Tu-Th; 8:00a-4:00p, F; 8:00a-11:30a
Website: www.ci.everett.ma.us

LICENSE APPLICATION
Lodging House
Application Fee: \$150
Annual Fee: 50.00
 Include the General Application
 with this application.

Business Name _____

Address: _____ **Apt/Suite:** _____

of Floors to be occupied: _____ **# of rooms to be occupied** _____ **# of lodgers** _____

Description of Business: _____

APPLICANT #1	APPLICANT #2
Name: _____	Name: _____
Phone: (_____) _____	Phone: (_____) _____
Fax: (_____) _____	Fax: (_____) _____
Address: _____	Address: _____

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Agreement

I certify that I have read and understand the above statement and I will comply with all laws, regulations, ordinances and restrictions.

Signature: _____ Date of Application: _____

Signature: _____ Date of Application: _____



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**LICENSE APPLICATION
BUILDING
DEPARTMENT
Inspection**

Business Address: _____

Business Name: _____

of Floors to be occupied: _____ **# of rooms to be occupied** _____ **# of lodgers** _____

Description of Business: _____

INSPECTION RESULTS

I, _____, do hereby state that as of this date the premises meets / does not meet all of the requirements imposed upon it pursuant to the city's building code.

This application is for a lodging house license. The maximum number of lodgers allowed on the premises is: _____. In addition, this business must provide _____ off-street parking spaces, and _____ employee parking spaces and repair stalls.

COMMENTS – Building Department Use Only

Signature of Building Official

Signature: _____ **Date:** _____

Building Inspector



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LICENSE APPLICATION
FIRE PREVENTION
Inspection

Business Address: _____

Business Name: _____

of Floors to be occupied: _____ **# of rooms to be occupied** _____ **# of lodgers** _____

Description of Business: _____

INSPECTION RESULTS

I, _____, of the Fire Department for the City of Everett, Massachusetts, do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code. I make the following recommendation:

Pass _____ Fail _____

COMMENTS – Fire prevention Use Only

Signature of Fire Prevention Official

Signature: _____ **Date:** _____

Fire Inspector



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LICENSE APPLICATION
Certificate of Good Standing

Business Address: _____

Business Name: _____

of Floors to be occupied: _____ **# of rooms to be occupied** _____ **# of lodgers** _____

Description of Business: _____

INSPECTION RESULTS

I, _____, of the Collector's Office of the City of Everett, Massachusetts, do hereby state that the owners of the proposed business are current on the following taxes and fees:

_____ Real Estate Taxes _____ Personal Property _____ Water/Sewer

COMMENTS – For Collector's Office Use Only

Signature of City Collector's Office

Signature: _____ **Date:** _____
 Collector's Office

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ Building Department

check if immediate response is required

contact person: _____ phone #: _____ Licensing Board

(revised Sept. 2003)

Selectmen's Office
 Health Department
 Other _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* 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 Mass. G.L. c. 62C s. 49A.



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**LICENSE APPLICATION
HEALTH
DEPARTMENT
Inspection**

Business Address: _____

Business Name: _____

of Floors to be occupied: _____ **# of rooms to be occupied** _____ **# of lodgers** _____

Description of Business: _____

INSPECTION RESULTS

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COMMENTS – Health Department Use Only

Signature of Health Official

Signature: _____ **Date:** _____
Health Inspector