TOWN OF HUBBARDSTON
BOARD OF SELECTMEN
7 MAIN ST. UNIT 3, HUBBARDSTON, MA 01452
978-928-1400 X 201
bos@hubbardstonma.us

APPLICATION FOR AUTO DEALER LICENSE

CH. 140 §57-59

- ☐ Class I $100
- ☐ Class II $100
- ☐ Class III $100

Date: _____

Applicant(s) Name: _____

Applicant Address: _____

Phone: _____ Email: _____

Name of Business: _____

Business Address: _____

Zoning District Where Property is Located: _____

Assessors' MAP # _____ Parcel # _____

Please answer all of the following questions:

Are you engaged principally in the business of buying, selling, or exchanging motor vehicles?

☐ Yes ☐ No

If so, is your principal business the sale of new motor vehicles? (yes or no) _____

Are you a recognized agent of a motor vehicle manufacturer? (yes or no) _____

If so, state name of manufacturer: _____

Have you a signed contract as required by Section 58, Class 1? (yes or no) _____

Is your principal business the buying and selling of second hand motor vehicles? (yes or no) _____

Do you have a repair facility on the premises or an agreement with a repair facility? (yes or no) _____

Please list repair facility, if applicable. _____

Is your principal business that of a motor vehicle junk dealer? (yes or no) _____

Have you ever applied for a license to deal in second hand motor vehicles or parts therof?

If so, in what town/city? _____

Did you receive a license? (yes or no) _____

If no, please explain why. _____

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Please list day and hours of operation

All signatures must be obtained by the applicant prior to submitting the application. Forms without signatures/incomplete information will be considered incomplete and returned to applicant.

BUILDING COMMISSIONER

FIRE CHIEF

Pursuant to the provisions of M.G.L. 40, § 57, certification that no debt is owed to the Town of Hubbardston by the applicant or owner on record must be obtained from the Tax Collector befor issuance of said license.

TAX COLLECTOR **DATE**

APPLICANT SIGNATURE **TITLE**

APPLICANT SIGNATURE **TITLE**

FEDERAL IDENTIFICATION #

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WORKERS COMPENSATION INSURANCE

Pursuant to M.G.L. Ch. 152, § 25A, I (We) certify that (check one)

- ☐ I have submitted a copy of the current insurance certificate
- ☐ I have completed and submitted the enclsed affidavit confirming that no coverage is required as per above law.

DEPT. OF REVENUE

I hereby certify 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 under law.

_____ _____

***Signature of Individual or Corporate Name**

By: Corporate Officer
(Mandatory, If applicable)

_____

****Federal Identification #**

* A license will not be issued unless all certification clasues are signed by the applicant
** Your federal identification number will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or payment obligations. Licensees who fail to correct their non-filing or delinquency will be subkect to suspension or revocation of their license.

Checklist for required documents to submit with license application:

_____ **Current Insurance Certificate**
_____ **Workers Compensation Affadavit**
_____ **Proof of bond if Class II license application**
_____ **Plot plan of property indicating office, repair facility, vehicle storage, parking**
_____ **Signed Rental Agreement, if applicable**
_____ **Copy of Special Permit if applicable**
_____ **CORI Request Form with photo identification**
_____ **Check made out to " Town of Hubbardston"**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
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 a 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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Town of Hubbardston
Board of Selectmen
7 Main Street, Unit #3
Hubbardston, MA 01452

HUBST
MGL 6, §172(3)

CORI REQUEST FORM

Town of Hubbardston is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, section 172, which mandates organizations access and to receive pending case CORI for the purpose of evaluating applicants for a professional or occupational license issued by a state or municipal entity.

_____
APPLICANT/EMPLOYEE SIGNATURE

_____
APPLICANT/EMPLOYEE INFORMATION **(PLEASE PRINT)**

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____ _____
DATE OF BIRTH SOCIAL SECURITY # **(Last Six SSN:***)** ID THEFT INDEX PIN (if applicable)

_____
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

_____
_____

SEX:_____ HEIGHT:____ft.____in. WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER:_____
(include state of issue)

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:_____

REQUESTED BY:_____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

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Board of Selectmen
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HUBBARDSTON, MASSACHUSETTS 01452
(978) 928-1400 x 201 FAX (978) 928-3392

Criminal Offender Record Information (CORI) Release Form

As part of the licensing application process, a CORI check will be performed. A separate CORI form and CORI policy has been provided.

In order to make a determination of qualification of license based on the CORI results, the licensing authority may need to review them. Any information obtained in the CORI is confidential and not for public viewing.

When acting upon a license application, if the Chairman anticipates that the CORI report may be discussed, or to give the applicant an opportunity to address anything contained in the report, or before taking any adverse action on the application because of the CORI report, the Selectboard must provide written advance notice to the applicant and hold the discussion on the confidential CORI information in Executive Session.The vote to grant or deny the license must be in Open Session.

By signing below, the applicant acknowledges that the licensing authority will be reviewing the CORI results.

_____ Date: _____
Signature

_____
Printed Name

HUBBARDSTON CORI POLICY

Where Criminal Offender Record Information (CORI) checks are part of a general background check for employment, volunteer work or licensing purposes, the following practices and procedures will generally be followed.

I. CORI checks will only be conducted as authorized by CHSB. All applicants will be notified that a CORI check will be conducted. If requested, the applicant will be provided with a copy of the CORI policy.

II. An informed review of a criminal record requires adequate training. Accordingly, all personnel authorized to review CORI in the decision-making process will be thoroughly familiar with the educational materials made available through CHSB.

III. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on CORI checks will be made consistent with this policy and any applicable law or regulations.

IV. If a criminal record is received from CHSB, the authorized individual will closely compare the record provided by CHSB with the information on the CORI request form and any other identifying information provided by the applicant, to ensure the record relates to the applicant.

V. If the Town of Hubbardston is inclined to make an adverse decision based on the results of the CORI check, the applicant will be notified immediately. The applicant shall be provided with a copy of the criminal record and the Town of Hubbardston's CORI policy, advised of the part(s) of the record that make the individual unsuitable for the position or license, and given an opportunity to dispute the accuracy and relevance of the CORI record.

VI. Applicants challenging the accuracy of the policy shall be provided a copy of CHSB's ***Information Concerning the Process of Correcting a Criminal Record.*** If the CORI record provided does not exactly match the identification information provided by the applicant, the Town of Hubbardston will make a determination based on a comparison of the CORI record and documents provided by the applicant. The Town of Hubbardston may contact CHSB and request a detailed search consistent with CHSB policy.

VII. If the Town of Hubbardston reasonably believes the record belongs to the applicant and is accurate, based on the information as provided in section IV on this policy, then the determination of suitability for the position or license will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to the following:

a) Relevance of the crime to the position sought;
b) The nature of the work to be performed;

c) Time since the conviction;
d) Age of the candidate at the time of the offense;
e) Seriousness and specific circumstances of the offense;
f) The number of offenses;
g) Whether the applicant has pending charges;
h) Any relevant evidence of rehabilitation or lack thereof;
i) Any other relevant information , including information submitted by the candidate or requested by the hiring authority

VIII. The Town of Hubbardston will notify the applicant of the decision and the basis of the decision in a timely manner.