

CITY OF TAUNTON  
AMUSEMENT DEVICE LICENSE  
CHECKLIST

- Application for Automatic Amusement Device License
- Floor plan depicting location of devices
- Tax Compliance Form (MGL c. 62C §49A)
- Worker's Compensation Affidavit (MGL c. 152 §25C(6))

**NEW APPLICANTS ONLY:**

- Zoning approval
- Building Department inspection
- Fire Department inspection



# BOARD OF LICENSE COMMISSIONERS

City of Taunton  
15 Summer Street  
Taunton, MA 02780  
Phone: 508.821.1037 Fax: 508.821.1397

## APPLICATION FOR AN AUTOMATIC AMUSEMENT DEVICE LICENSE

(Mass General Laws, Chapter 140, Section 177A)

Automatic amusement devices licensed under this section shall be so installed on the premises described in this license as to be in open view at all times while in operation and shall at all times be available for inspection.

Any violation of any provision of this section or of Chapter 136 of the General Laws, by any person managing or controlling any premises where an automatic device licensed under this section is kept or offered for operation, shall be cause for the revocation of all licenses for automatic amusement devices kept or offered for operation of such premises.

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS WHERE AMUSEMENT DEVICE IS TO BE LOCATED:  
\_\_\_\_\_

KIND OF BUSINESS CONDUCTED WHERE AMUSEMENT IS TO BE LOCATED:  
\_\_\_\_\_

STATE "M" NUMBER AND DESCRIPTION OF ALL AMUSEMENT DEVICES AT THIS LOCATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL NUMBER OF AMUSEMENTS: \_\_\_\_\_

NAME & ADDRESS OF DISTRIBUTOR: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

FEE: \$100.00 per machine

Residential Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*\*"M" number may be obtained from the distributor*



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."

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## 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.

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## 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.

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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 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

DATE: \_\_\_\_\_

Taunton License Commission  
Taunton City Hall  
141 Oak Street  
Taunton, MA 02780

Commissioners:

Pursuant to Massachusetts General Laws, Chapter 62C, §49A, I hereby certify, under the penalties of perjury, that the applicant has, to the best of my knowledge and belief, filed all state tax returns and paid all state and local taxes required under the law.

*Business or Corporate Name:* \_\_\_\_\_

Signature of Individual or Corporate Officer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number of Federal Employer Identification Number: \_\_\_\_\_