

**COMMONWEALTH OF MASSACHUSETTS
CITY OF EVERETT
SECOND HAND DEALER'S LICENSE APPLICATION**

Business (DBA) Name: _____

Everett Business Address: _____

Applicant's Legal Name: _____

Mailing Address (including Zip Code): _____

Contact Phone: _____

Contact E-Mail: _____

Property Owner: _____

Property Owner's Address: _____

Owner's Phone: _____

Signature*

*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above mentioned property for the purpose of operating a second hand dealer's business. **PLEASE ATTACH A PROPERTY CARD FROM THE ASSESSORS' OFFICE WITH THIS FORM**

EMERGENCY CONTACT:

In case of emergency at the business address, please contact:

Contact Name: _____

Contact Address: _____

Contact Phone: _____

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, and is subject to all of the terms, conditions, and limitations set forth in the Everett Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Everett City Council.

Signature of Applicant

Title (owner, president, partner)

Date: _____

Please check appropriate class(es):

Second Hand _____

Antiques _____

Precious Metals _____

Please check one:

New Application _____

Renewing Application
w/Changes _____

Renewing Application
w/NO Changes _____

Type of Business

Please check only one:

Sole Proprietor: _____

Partnership (inc. LLP) _____

(Please attach the name of the partnership and all partners who own more than 10%)

Trust _____

(Please attach the name of the trust and all trustees who own more than 10%)

Corporation _____

(Please attach proof of the corporation including the names and addresses of the corporation, president, treasurer and secretary.)

LLC _____

(Please attach the name of the LLC and all managers who own more than 10%)

ATTACHMENTS FOR ALL APPLICANTS

1. Certificate of Good Standing
2. Inspectional Services Approval
3. Fire Prevention Approval
4. Workmen's Compensation Affidavit
5. REAP Attestation

ATTACHMENTS FOR NEW LICENSES ONLY

First-time applications must also include:

1. Criminal Offender Record Information (CORI)
 2. Three (3) letters of recommendation (excluding relatives, partners, employees, fiduciary)
 3. Application Fee
- Second Hand (\$25.00)
Antiques (\$25.00)
Precious Metals (\$150.00)

FOR CITY CLERK'S OFFICE USE ONLY

- Application Accepted:
Application Approved:
Application Issued:

INSPECTIONAL SERVICES DEPARTMENT REPORT:

The building located at the premises mentioned above is in a _____ Zone.

- Use is permitted as of right Use requires a special permit Use is prohibited

*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 second hand dealer's license.*

Inspector's Signature:

Print Name:

Date:

TO BE COMPLETED BY THE INSPECTIONAL SERVICES, CALL TO SCHEDULE 617-394-2220

FIRE PREVENTION REPORT:

I 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 _____

Inspector's Signature:

Print Name:

Date:

TO BE COMPLETED BY THE FIRE INSPECTION, CALL TO SCHEDULE 617-394-2349

CERTIFICATE OF GOOD STANDING

Property Address:

Do you own the property? Y __ N __

I do hereby state that the owners of the proposed business are/are not current on the following taxes and fees:

Real Estate Taxes: **COMMENTS:**

Personal Property: **COMMENTS:**

Water/Sewer: **COMMENTS:**

Collector's Office Signature:

Print Name:

Date:

TO BE COMPLETED AT THE COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



CRIMINAL OFFENDER RECORD INFORMATION (CORI) PERSONAL REQUEST FORM

Use this form only for requesting your own CORI. A bank check or money order for \$25.00 must be submitted with this form. Please note: this is a multi-page request form. Incomplete request forms will not be processed. Requests must be mailed, along with the accompanying payment or indigency waiver, to the address provided above, ATTN: CORI Unit.

Request Type Details

*Are you applying for an indigency waiver? Yes No

If you are applying for an indigency waiver, please go to www.mass.gov/courts/formsandguidelines/aff_indigency.pdf to download the waiver form. You must submit the waiver with the completed application.

If you require a certified copy of your CORI, please check this box.

Requestor Details

Please complete this section using your information. A red asterisk (*) denotes a required field.

*First Name *Last Name

Middle Initial Suffix *Date of Birth

Maiden Name Check here if your CORI request is limited to your maiden name. (IMPORTANT: if this box is not checked, you must pay an additional \$25 unless you are indigent.)

*Last 6 digits of Social Security number I do not have a Social Security number

*Mailing Address

Street 1 Street 2 (Apt, Suite, Bldg)

City/Town State Zip

Phone Ext. Email

Personal CORI Request Authorization

I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of individual named in criminal record

Date

Authentication of Signature By Notary Public or Correctional Facility

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public

Correctional Facility Official (give rank and title)

My Commission Expires

Correctional Facility Address and Phone

Terms and Conditions

By using this form, the Requestor agrees to be bound by these terms and conditions and any and all other guidelines, disclaimers, rules, and privacy statements within this agreement, collectively referred to as "Terms and Conditions." All Terms and Conditions contained herein apply only to obtaining information from the DCJIS.

- (1) As referenced in these terms and conditions, the terms below shall have the following meanings:
 - (a) CRA: Consumer Reporting Agency.
 - (b) CRRB: The Criminal Records Review Board.
 - (c) CORI: Criminal Offender Record Information.
 - (d) DCJIS: The Massachusetts Department of Criminal Justice Information Services.
 - (e) iCORI application: The internet-based system used to request and obtain CORI and self audits, whether by electronic request or request submitted using a paper form.
 - (f) Requestor: A registered user of the iCORI system and any additional authorized users for the requestor's account. Requestor, as used in these terms, includes Consumer Reporting Agency requestors. Requestor, as used in these terms, also includes any individual who requests or obtains CORI or a self audit report from DCJIS using a paper form.
- (2) Obtaining CORI from DCJIS using this form is subject to Massachusetts General Law as well as to Federal law, including, but not limited to, M.G.L. c.6, §§ 167-178B (the CORI Law); M.G.L. c. 66, § 10 (the Public Records Law)), and any current or future laws applicable to the use of personal information. Sanctions for violations of these laws include both civil and criminal penalties.
- (3) An individual or entity who knowingly requests, obtains, or attempts to obtain CORI or a self-audit from the DCJIS under false pretenses, or who knowingly communicates, or attempts to communicate, CORI to any individual or entity except in accordance with CORI law, or who knowingly falsifies CORI or any records relating thereto, or who requests or requires a person to provide a copy of his or her CORI except as authorized under M.G.L. c. 6, § 172, shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$5,000.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$50,000.00. In the case of such a violation involving juvenile delinquency records, an individual or entity shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$7,500.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$75,000.00.
- (4) The DCJIS makes every effort to ensure the accuracy and completeness of the information it provides. Neither the DCJIS nor the CRRB shall be liable in any civil or criminal action by reason of any CORI or self-audit report that is disseminated by the DCJIS or the CRRB, including any information that is false, inaccurate, or incorrect, because it was erroneously entered by the court or the Office of the Commissioner of Probation.
- (5) CORI results are based on an exact match of the information provided by the requestor to information as it appears in the CORI database. Requestors are responsible for providing accurate information for the subject requested. In addition, it is the requestor's responsibility to compare the CORI or self-audit results received from the DCJIS to the subject's personal identifying information to ensure that results match this information. The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's submission of inaccurate, incorrect, or incomplete subject information.
- (6) Each requestor who submits 5 or more background checks annually must have a written CORI policy. Each requestor is responsible for adopting its own CORI policy. The DCJIS publishes a model CORI policy on its web site that may be adopted for use by requestors. If this requirement applies to a requestor, the requestor agrees that, at the time of submission of a CORI request, it has adopted a CORI policy.
- (7) The requestor agrees that he/she has reviewed and understands all training materials regarding the CORI process and CORI requirements available from the DCJIS on its web site, mass.gov/cjis. The requestor also agrees that he/she understands that reviewing and understanding the DCJIS training materials before submitting CORI requests is a requirement of obtaining CORI from DCJIS. Requestors are solely responsible for reviewing and understanding the training materials provided by the DCJIS.

(8) Requestors who seek to receive standard or required CORI for employment, housing, licensing, or volunteer purposes must ensure that the following are completed prior to submitting a CORI request:

(a) a CORI Acknowledgement Form has been completed for each subject to be checked;

(b) the identity of each subject has been verified;

(c) each subject has signed the CORI Acknowledgement Form;

(d) each CORI Acknowledgement Form has been signed and dated by the requestor certifying that the subject was properly identified; and

(e) the requestor is in compliance with all applicable laws and regulations.

(9) All requestors, including those that request CORI through a CRA, must comply with 803 C.M.R. 2.00 and, if applicable, 803 C.M.R. 5.00. In addition, CRAs are also responsible for ensuring compliance with the Fair Credit Reporting Act and with DCJIS regulation 803 CMR 11.00

(10) A requestor that uses CORI to commit a crime against, or to harass, another individual may be subject to the criminal penalties set forth in M.G.L. c. 6, §178 ½, including imprisonment in a jail or house of correction for not more than one year and a fine of not more than \$5,000.00. The DCJIS and the CRRB disclaim any liability for the improper use or dissemination of information obtained through the DCJIS or the CRRB.

(11) Requestors are subject to audit at any time by the DCJIS and may be asked to produce documentation to demonstrate compliance with these provisions and with DCJIS regulations (803 CMR 2.00-11.00 et seq.).

(12) No information obtained from the DCJIS regarding use of CORI or the iCORI system shall be construed as legal advice.

(13) The DCJIS reserves the right to alter, amend, or discontinue any condition of obtaining CORI from the DCJIS. Any such changes will appear on the DCJIS web site in advance. The user is subject to the terms of use in effect at the time of his/her agreement. The DCJIS and the CRRB shall not be liable for any damages associated with use of this site.

(14) These Terms and Conditions are governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts and the laws of the United States, without giving effect to any principles of conflicts of law. If any provision of these Terms and Conditions is judicially determined to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from these Terms and Conditions and shall not affect the validity and enforceability of the remaining provisions.

By submitting a request for CORI to the DCJIS, I affirm that I have read and understand these Terms and Conditions.

Further, I understand and agree to, and am bound by, these Terms and Conditions as well as by M.G.L. c. 6, §§ 167-178B, inclusive, and 803 CMR 2.00-11.00, inclusive.



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.

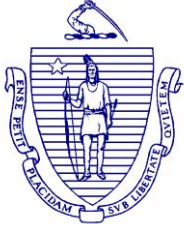
*Signature of Individual or Corporate Name (Mandatory)

by: Corporate Officer (Mandatory, if applicable)

**Social Security # (Voluntary) or Federal Identification Number

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



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 _____

*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

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