



TOWN OF TRURO

PO Box 2030, Truro MA 02666

Tel: 508-349-7004, Extension: 131 or 124 Fax: 508-349-5508

LICENSE APPLICATION: Condominiums, Cottage Colonies, Motels, Campgrounds, Lodging, Gas Station/Retail Service, Transient Vendor

Section 1 – LICENSE TYPE

Please check the appropriate box the best describes the license type(s).

☐ New ☐ Renewal/No Changes (Skip to Section 3) **NAME OF BUSINESS:** _____

FACILITY:

_____ Motel-\$50 _____ Cottage Colony-\$50 _____ Condominium-\$50 # Units _____ Lodging-\$50
_____ Transient Vendor-\$75 _____ Campground-\$50 _____ Gas Station*-\$25

*Gas Station-\$25 (Please submit your Service Station Compliance Form & Third Part Underground Storage Tank Inspection Report (FP 289))

Section 2 – BUSINESS INFORMATION

Federal Employers Identification Number (FEIN/SS) _____

Print Name of Applicant Business Name

Owner Name

Street Address of Business Mailing Address of Business

Business Phone Number Business E-Mail Address

Section 3-HOURS OF OPERATION

☐ Annual ☐ Seasonal Opening Date: _____ Closing Date: _____

Days of the Week Open: _____

☐ Check if New Manager (if checked, MUST submit Application to Name a Manager)

Section 4-MANAGER INFORMATION

Name of Onsite Manager:

Name: _____ Unit Number: _____

Mailing Address: _____

Phone: (24 Hour Contact): _____ Email Address: _____

Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: _____ Business Name: _____

Business Address: _____

Phone: (24 Hour Contact): _____ Email Address: _____

Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: _____ Business Name: _____

Business Address: _____

Phone: (24 Hour Contact): _____ Email Address: _____

Co-Manager's Signature (REQUIRED)

Section 5 – ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

Signature of Applicant

Print Name

Date

Additional Applications & Documentation

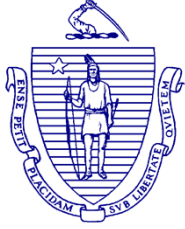
REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS

- ☐ Smoke detector/CO detector/fire protection certification
- ☐ IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- ☐ IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

ADDITIONAL (SEPARATE) APPLICATIONS THAT MAY PERTAIN TO YOUR OPERATION

- ☐ Application for Pool or Hot Tub Permit
- ☐ Application to Name a Manager
- ☐ Entertainment License
- ☐ Application to sell Tobacco
- ☐ Application for Food Service Permit
- ☐ Business certificate with the clerk's office
- ☐ Septic System Inspection Report (submitted every 3 years)

(rev 10/2022)



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an 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 #: _____

TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

BOARD OF HEALTH

Tel: 508-349-7004, Extension: 32 or 31 Fax: 508-349-5508

APPENDIX A – Additional Applications & Documentation

Additional Documentation is required for the following:

☐ RESTAURANTS

Food Service Permit Application

Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report

Copy of Service report of mechanical washing equipment (Dishwasher)

Copy of ServSafe Certification and Allergy Awareness if new employee or person in charge

☐ RETAIL FOOD SALES –

Permit to Sell Tobacco Application

Food Service Permit Application if selling prepackaged commercially prepared Food

☐ COTTAGE COLONY, CONDOMINIUMS, MOTOR COURT, MOTEL, CAMPGROUNDS

Please complete section 3 of the business application. Signature is required for all approved managers (on-site and off-site) and co-managers. Section 3 may be duplicated if more than one co-manager.

Application for Pool or Hot Tub Permit

Application for Permit to Operate a Bathing Beach

☐ BAKERY, CATERERS, MANUFACTURER OF ICE CREAM, RESIDENTIAL KITCHENS

Food Service Application

Copy of ServSafe Certification and Allergy Awareness if new employee or person in charge

☐ GAS STATIONS – Service Station Compliance Form & Third-Party Underground Storage Tank Inspection Report (FP-289) form

☐ REQUIRED FOR ALL BUSINESSES

☐ SMOKE DETECTOR/FIRE PROTECTION CERTIFICATION

☐ IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance

☐ IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

☐ BUSINESS CERTIFICATE WITH THE CLERK'S OFFICE

A Business Certificate is commonly referred to as a d/b/a or "Doing Business As" form. Its purpose is primarily for consumer protection and is considered a public record. Pursuant to M.G.L. Chapter 110, section 5, a person must file a business certificate when conducting business in Truro under any title (business name) other than the real name of the individual, partnership, or corporation. (Note: Certain exemptions to filing are allowed under section 6: a corporation doing business as its true name; a legal partnership is doing business under any title which includes the true surname of any partner; certain other exemptions exist for trusts and limited partnerships.)

Complete the attached business application and the supporting documents and mail or submit them with the appropriate fees to:

TOWN OF TRURO

Health Department

PO Box 2030, Truro, MA 02666



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT

BUSINESS NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____

PHONE #: _____ NUMBER OF UNITS: _____

CONTACT PERSON: _____

ADDRESS: _____

TESTING COMPANY: _____

TESTING ELECTRICIAN/TECHNICIAN: _____

COMPANY PHONE #: _____ HOME PHONE #: _____

LICENSE #: _____

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, **(CERTIFIED)** the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: _____

DATE OF CERTIFICATION: _____ BY: _____

Signature of Licensed Electrician

THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF, OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.