Instructions for completing application:

**TYPE OF LICENSE: VEHICLE FOR HIRE - TAXICAB**

Completed application must be submitted at least fifteen (15) days prior to date of hearing. **Applications submitted without all the required documentation will not be accepted.**

- Obtain a Federal Identification (FID) Number from Internal Revenue Service located at 333 East Street, Pittsfield: (413) 499-2206.

- If new business or new ownership: File with Assessor’s Office for personal property taxes and File business certificate (doing business as) in City Clerk’s office for $25.00.

- Submit completed application along with zoning verification with copy of floor plan/plot plan signed by Building Inspector and Fire Department.

- If the applicant does not own premises, submit a letter from the owner granting permission for purposed use.

- Proof of workmen’s compensation must be submitted when picking up the license.

- A Public hearing is required and a legal notice must be published. **Please include a check in the amount of $13.50, payable to the Pittsfield Gazette to be submitted with application.** A hearing will be scheduled at next licensing board meeting following receipt of application. Legal ad must be published at least ten (10) days prior to hearing.

- Applicant must notify abutters of premises, within three (3) days of publication of legal ad, by certified mail, return receipt requested. Affidavit of such mailing to be filed with this office together with return certified receipt(s) and copy of legal notice attached. An abutter is a person whose property directly touches the proposed premises and within 300 feet of premises. **It is recommended that the applicant also notify all tenants of building proposed business is located by first class mail or hand deliver.**

- After receiving approval of taxi company from the taxi commission submit proof of insurance and completed vehicle applications signed by: police department, Office James McIntyre (499-9700) and sealer of weights and measures, located at City Hall.

Fee: $10.00 annually (per vehicle) – Please make checks payable to the City of Pittsfield.

*License period runs January 1 – December 31*
PETITION FOR A VEHICLE FOR HIRE LICENSE – TAXICAB

I, WE, the undersigned hereby petition for a license to operate the following described vehicle as a limousine, subject to all applicable provisions of law and of the ordinances of the City of Pittsfield during the license period ending April 30th.

Business Information:
Name: ___________________________ d/b/a ________________________
Address: _________________________ City: _________________________ State/Zip: ________
Telephone: _________________________ Cell: _________________________
Email: ____________________________
Name of Manager: ____________________________

Owner Information:
Name: ____________________________
Address: ____________________________ City: ____________________________ State/Zip: ________
Telephone: ____________________________ Cell: ____________________________
Email: ____________________________

The issuance of this license herein is based in part from the presentation contained in the application, and any misrepresentation may be cause for revocation by the licensing authority.

Signature: ____________________________ Date: ____________________________
I hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.

FEE: $10.00 PER VEHICLE ANNUALLY
Please fill out one for each vehicle and provide a photocopy of the certificate of registration

Make and Type of Vehicle: ________________________________
Capacity-Exclusive of Driver: ________________
VIN #: ______________________________________
Registration #: ______________________________________
Make of Taximeter: __________________ Taximeter #: __________________

Copy of the certificate of registration for this vehicle submitted: YES NO

ABOVE DESCRIBED VEHICLE INSPECTED AND APPROVED AS TO SAFETY, CLEANLINESS AND APPEARANCE

________________________
Chief of Police or Designated Officer

Date________________________

ABOVE DESCRIBED TAXIMETER TESTED AND CERTIFIED

________________________
Sealer of Weights and Measures

Date________________________

Signature: __________________ Date: __________________
I hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.

FEE: $10.00 ANNUALLY
LICENSEE PERSONAL INFORMATION SHEET

(Information sheet must be completed for each owner and/or manager)

Name: __________________________________________________________
Address: __________________________________ City: ___________________ State/Zip: ______
Telephone: ___________________________ Cell: __________________________
Email: __________________________________________________________________________
SSN: ____________________________ U.S. Citizen: _____ Yes _____ No
Father's Name: __________________________
Mother's Name: __________________________
Have you ever been convicted of a violation of the law: _____ Yes _____ No

IS SO, GIVE DETAILS____________________________________________________________________
________________________________________________________________________________________

PRIOR BUSINESS EXPERIENCE: ___________________________________________________________

EMPLOYMENT FOR THE LAST FIVE YEARS (DATES, POSITION, EMPLOYER, ADDRESS AND TELEPHONE NO.)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES:____________________________

Signature: ____________________________ Date: __________________________

I hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

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: ____________________________ Expiration Date: ____________________________

Policy # or Self-ins. Lic. # ____________________________

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):
6. Other ____________________________

Contact Person: ____________________________ Phone #: ____________________________

www.mass.gov/dia
Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employer** 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**

600 Washington Street

Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSSAFE

Fax # 617-727-7749

www.mass.gov/dia

Form Revised 5-26-05
TO: PROSPECTIVE BIDDERS, PROVIDER OF GOODS, SERVICES, REAL ESTATE SPACE, LICENSES AND CONTRACTORS

FROM: CITY OF PITTSFIELD

Chapter 233 (sections 35 and 36) of the Acts and Resolves of 1983 enacted the Revenue Enforcement Program effective July 1, 1983. One aspect of the law requires providers of goods and/or services to attest under the penalty of perjury that he/she is in compliance with all laws of the Commonwealth relating to taxes.

To comply with this requirement, please sign the form below and return to the Pittsfield Licensing Board.

Any person failing to sign the attestation clause shall not be allowed to obtain, renew, or extend a license, permit or contract.

Pursuant to M.G.L. Chapter 62C, Section 49A, I 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 and local taxes required under the law.

_______________________  ____ __________________________
Social Security Number or Signature of Individual or
Federal Identification Number Corporate Name

_______________________  ____ __________________________
Date By: Corporate Officer (if applicable)
AFFIDAVIT OF THE MAILING OF NOTICES OF THE FILING OF AN APPLICATION FOR A TAXICAB LICENSE

To be completed and signed by the applicant and filed at the office of the Taxicab Commission.

In accordance with the requirements of the City of Pittsfield Taxicab Commission, I hereby declare that on the _______ day of _________, 20___, I sent by certified mail, return receipt to the persons hereinafter listed notices, a copy of which is attached hereto, of the filing with the Taxicab Commission of the City of Pittsfield, by the undersigned of an application for a license to conduct and maintain a TAXI COMPANY, at ________________________________ in said Pittsfield.

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SIGNED UNDER THE PENALTIES OF PERJURY

_____________________________________
Signature of Applicant

On this ___ day of ____________, 20___ before me, the undersigned notary public, personally appeared, ______________________ proved to me through satisfactory evidence of identification, which was ________________________, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she/he signed it voluntarily for its stated purpose.

__________________________
Notary Public