Instructions for completing application:

**TYPE OF LICENSE: TRANSIENT VENDOR**

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Applicant must possess a valid State Transient Vendor License issued by the Commonwealth of Massachusetts. Attach a copy of said license to this application.</td>
</tr>
<tr>
<td>2.</td>
<td>Applicant must proceed to all departments listed on the bottom of this application to receive all the necessary approvals.</td>
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<tr>
<td>3.</td>
<td>If approved, a fee of $300.00 in the form of a bank certified check or money order must be paid before the license will be issued.</td>
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<tr>
<td>4.</td>
<td>Proof of workmen’s compensation must be submitted when picking up the license.</td>
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FEE: $300.00 – Make checks payable to the City of Pittsfield

License period runs date of issue to December 31
APPLICATION FOR A TRANSIENT VENDOR LICENSE
(License to be posted or made available at event premise)

Event Information:
Event Name: ____________________________ Event Producer: ____________________________
Address: ________________________________
Starting Date: __/__/____ Time: __/__/____ AM / PM
Starting Date: __/__/____ Time: __/__/____ AM / PM
Total Attendance Expected: ____________________ Rain Plan: ____________________
Description of the event:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Business Owner Information:
Name: ________________________________
Address: ________________________________
City: __________________ State: __________ Zip: __________
Daytime Telephone: ________________ Cell: ________________ Fax: ________________
Email: ________________________________
Website: ________________________________
State Transient Vendor License #: ________________ Expiration date: ________________
FID or SSN#:
(COPY OF STATE TRANSIENT VENDOR LICENSE MUST BE SUBMITTED WITH APPLICATION)

THE ISSUANCE OF A LICENSE HEREIN IS BASED IN PART FROM THE PRESENTATION CONTAINED IN THE APPLICATION. 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.
Review & Submission for Sign-offs Provided by Departments
Please note – Departments may provide additional comments below their sign-off

<table>
<thead>
<tr>
<th>Department</th>
<th>Sign-off</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing Board</td>
<td></td>
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<tr>
<td>Health Department</td>
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<tr>
<td>Department of Public Utilities</td>
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<td>Building Inspections</td>
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<td>Fire Department</td>
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<tr>
<td>Police Department</td>
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</tbody>
</table>

# of Officers (if applicable)
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

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):
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."

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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
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 Federal Identification Number

Signature of Individual or Corporate Name

Date

By: Corporate Officer (if applicable)