

GUIDE TO BUS ROUTE PERMITS

Pursuant to MGL c159A, a permit must be obtained before operating a bus route through Somerville. Permits are valid until December 31 of the second year following the date of the permit. The fee is \$500.00.

To complete the application:

1. Fill in the Application for a Bus Route Permit. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit.
2. Attach the following:
 - proof of access to the garaging location (if not owned by the applicant)
 - a roster of vehicles to be used
 - a certificate of insurance, showing coverage on the vehicles. Coverage shall include at a minimum \$500,000 combined single limit against liability for injuries or death, shall name the city as a certificate holder, and shall require ten days notice of termination to the city.
 - a map showing the route
 - a schedule of operation
3. For new applicants OR applicants changing the route, vehicles, or schedule, contact the following three departments to arrange a sign-off:
 - Traffic and Parking Department
133 Holland Street
617 625-6600 x7900
 - Department of Public Works
1 Franey Road
617 625-6600 x5100
 - Office of Strategic Planning and Community Development
93 Highland Avenue (City Hall)
617 625-6600 x2500
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing.
 - Treasury
93 Highland Avenue (City Hall)
617 625-6600 x3500
5. Submit the application and the fee to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR A BUS ROUTE PERMIT

Application Fee \$500.00

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Tax Identification Number: _____ Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Maximum number of vehicles to be operated in Somerville at any one time _____

Garaging location of vehicles (attach proof of access, if the location is not owned by the applicant) _____

Description of vehicles (attach a roster showing make, model, year of manufacture, mileage, capacity, and handicapped accessibility) _____

Description of the services to be offered and customers to be served _____

Description of the route (attach a map showing the route) _____

Description of the hours of operation (attach a printed schedule) _____

Attach a certificate of insurance, showing coverage on the vehicles. Coverage shall include at a minimum \$500,000 combined single limit against liability for injuries or death, and shall name the city as a certificate holder and require ten days notice of termination to the city.

ACKNOWLEDGEMENT

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 be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

FOR NEW APPLICANTS OR APPLICANTS CHANGING THE ROUTE, VEHICLES, OR SCHEDULE:

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Department recommends that the application be:

___ Approved ___ Denied

Signature _____ Date _____

Print name _____ Title _____

DEPARTMENT OF PUBLIC WORKS RECOMMENDATION:

The Department of Public Works recommends that the application be:

___ Approved ___ Denied

Signature _____ Date _____

Print name _____ Title _____

OFFICE OF STRATEGIC PLANNING AND COMMUNITY DEVELOPMENT RECOMMENDATION:

The Office of Strategic Planning and Community Development recommends that the application be:

___ Approved ___ Denied

Signature _____ Date _____

Print name _____ Title _____

**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 a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____