

GUIDE TO EXTENDED OPERATING HOURS

Pursuant to Ordinance 8-7, a permit must be obtained before operating any retail or service business after Midnight or before 5:00 AM. The permit is valid from the date of the permit through the following May 15. The fee is \$300.00. For new applicants and current permit-holders who are applying to further extend their operating hours, a public hearing will be required. The public hearing fee is \$75.00.

To complete the application:

1. Fill in the Application for Extended Operating Hours. 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 Workers' Compensation Insurance Affidavit.
2. For new applicants OR current license-holders who are further extending their retail hours, proceed to the Police Chief's Office to obtain a sign-off on the Application, as follows:
Police Department
220 Washington Street
617 625-6600 x7200
Monday – Friday, 8:30 AM – 4:00 PM
3. For new applicants OR current license-holders who are further extending their retail hours, obtain from the Assessor a list of all property owners within 300 feet of the location, and create a set of mailing labels for a future mailing that the City Clerk's Office will prepare.
Assessor
93 Highland Avenue (City Hall)
617 625-6600 x3100
Monday–Wednesday, 8:30 AM – 4:00 PM
Thursday, 8:30 AM – 7:00 PM
Friday, 8:30 AM – 12:00 PM
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, as follows:
Treasury
93 Highland Avenue (City Hall)
617 625-6600 x3500
Monday–Wednesday, 8:30 AM – 4:00 PM
Thursday, 8:30 AM – 7:00 PM
Friday, 8:30 AM – 12:00 PM
5. Return all materials to the City Clerk, with payment of \$300.00 (\$375.00 for new applicants or current permit-holders who are applying to further extend their operating hours)
6. For new applicants OR current license-holders who are further extending their retail hours, arrange with the City Clerk a date for the Public Hearing. The City Clerk will inform you of the date for the Public Hearing before the Board of Aldermen's Committee on Licenses and Permits. You should attend that Public Hearing.
7. The City Clerk will submit the Application to the Board of Aldermen. You do not need to be present. The Board usually meets on the 2nd and 4th Thursday of the month. The Board will forward the Application to the Committee on Licenses and Permits for a review (and a Public Hearing for new applicants or current permit-holders who are applying to further extend their operating hours). Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$300.00

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: _____

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

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Individual Sole Proprietorship
 Partnership LLC Corporation

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, LLC 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: _____

Extended hours requested (include hours of operation and days of week)_____

Type of business_____

Length of time at this location_____

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:_____

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature:_____ Name and 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 _____