

## GUIDE TO INNHOLDER LICENSES

Pursuant to MGL c140 s2, a license must be obtained before operating as an Innholder. Licensure is valid from the date of the license through the following December 31 only. The nonrefundable Application fee is \$50.00, and the nonrefundable License fee is \$750.00 for 1 to 9 bedrooms, and \$1,500.00 for 10 or more bedrooms.

To complete the application:

1. Fill in the Application for an Innholder's License. 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 a floor plan, showing the location of all beds, bedrooms, bathrooms, dining rooms, and cooking facilities.
3. Proceed to each of these Departments to obtain sign-offs:
  - A. Fire Prevention Bureau:                      Mon-Fri 8AM-10AM, 3PM-4PM  
617 623-1700 x8400                      1 Franey Road (adjacent to Trum Field on Broadway)
  - B. Inspectional Services (Zoning):              Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon  
617 625-6600 x5600                      1 Franey Road (adjacent to Trum Field on Broadway)
  - C. Building Inspector:                              Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon  
617 625-6600 x5600                      1 Franey Road (adjacent to Trum Field on Broadway)
  - D. Health Inspector:                                Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon  
617 625-6600 x4331                      1 Franey Road (adjacent to Trum Field on Broadway)
4. Contact the Ward Alderman and any neighborhood groups to discuss the application and any questions or concerns.
5. 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:	Mon-Wed 8:30-4PM, Thu 8:30-7PM, Fri 8:30-Noon
617 625-6600 x3500	93 Highland Avenue (City Hall)
6. Submit the application and the nonrefundable application fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, 617 625-6600 x4108, email [licensing@somervillema.gov](mailto:licensing@somervillema.gov), fax 617 625-4239. The Licensing Commission usually meets on the 3<sup>rd</sup> Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.
7. Following approval by the Licensing Commission, final sign-offs from the Departments listed above, and others, will be required before the License will be issued.

## APPLICATION FOR AN INNHOLDER'S LICENSE

Application Fee \$50 License Fee \$750/\$1,500

Date \_\_\_\_\_

FOR LICENSING COMMISSION ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

Business (DBA) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Location in Somerville (with Zip Code): \_\_\_\_\_

Applicant's Federal Employer Identification Number: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager (Proprietor): \_\_\_\_\_

Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 20%: \_\_\_\_\_

**Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 20%: \_\_\_\_\_

**Corporation:** Name of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

**LLC:** Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 20%: \_\_\_\_\_

**Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

Maximum Number of Guests: \_\_\_\_\_

Describe food services (table service, counter service, cafeteria, packaged food only, etc.): \_\_\_\_\_

\_\_\_\_\_

Hours of food services: \_\_\_\_\_

Seating capacity of dining room(s): \_\_\_\_\_

Describe any other business operating on premises: \_\_\_\_\_

\_\_\_\_\_

**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. 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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Obtain the signatures below before submitting this form to the Licensing Commission.*

__Preliminary Meeting Date _____ _____ Inspectional Services Sup't (zoning)	__Preliminary Meeting Date _____ _____ Chief Fire Engineer or Designee
__Preliminary Meeting Date _____ _____ Health Inspector or Designee	__Preliminary Meeting Date _____ _____ Building Inspector or Designee



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**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).  | <b>Business Type:</b>                  | <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 _____

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_