



# Town of Lexington, Massachusetts

OFFICE OF SELECTMEN

DEBORAH N. MAUGER, CHAIRMAN  
PETER C.J. KELLEY  
NORMAN P. COHEN  
HANK MANZ  
GEORGE A. BURNELL

TEL: (781) 862-0500 x208  
FAX: (781) 863-9468

## How to apply for

### NEW STOCKHOLDERS

1. Go to the Alcoholic Beverages Control Commission (ABCC) web page [www.mass.gov/abcc](http://www.mass.gov/abcc), click on “Forms & Applications”, then click the “Retail Forms” tab, and then click on “[New Stockholders Forms](#)”. Fill out the ABCC application on-line, print and sign as necessary and submit to the Selectmen's Office along with all other required information. The attached checklist will assist you in providing a complete application package.
2. In addition to the ABCC application package, please provide the Selectmen’s Office with
  - a. check for \$100 made payable to the Town of Lexington;
  - b. completed Form 43;
  - c. completed CORI Request Form. Each Manager and Assistant Manager(s) must come to the Selectmen’s Office in person and bring a form of government issued photographic identification such as a driver’s license. This is in addition to the ABCC requirement of a notarized CORI form.
3. When the Selectmen’s Office receives the complete application package, a hearing date before the Board of Selectmen will be decided and a legal notice published in the local newspaper. If the Selectmen approve the application, it will be forwarded to the ABCC for their review/approval.
4. For your information, please keep the attached copy of the Selectmen’s Regulations applicable to Restaurants, Package Stores, and/or Clubs in your files for future reference.
5. Please contact the Selectmen’s Office if you have any questions.

## New Stockholders Checklist

**This application will be returned if the following documentation is not submitted:**

- Retail Transmittal Form
- \$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- Newspaper Notice
- Petition for Transfer of Ownership
- Retail Application with:
  - Personal Information Form for all individuals with beneficial interests in the license
  - Supporting Financial Records
  - All records, loan agreements, documents, as well as affidavits detailing the source(s) of money for this license transaction
  - 3 months worth of bank statements confirming the sources of funds
  - Vote of Corporate Board or LLC
  - Form 43 (From Local Licensing Board)
  - CORI Application

The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

For Reconsideration

**FORM 43**  
**MUST BE SIGNED BY LOCAL LICENSING AUTHORITY**

ABCC License Number

City/Town

Local Approval Date

**TRANSACTION TYPE (Please check all relevant transactions):**

- |                                                   |                                                          |                                                     |                                                     |
|---------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> New License              | <input type="checkbox"/> New Officer/Director            | <input type="checkbox"/> Pledge of License          | <input type="checkbox"/> Change Corporate Name      |
| <input type="checkbox"/> Transfer of License      | <input type="checkbox"/> Change of Location              | <input type="checkbox"/> Pledge of Stock            | <input type="checkbox"/> Seasonal to Annual         |
| <input type="checkbox"/> Change of Manager        | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock          | <input type="checkbox"/> Change of License Type     |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock               | <input type="checkbox"/> New Stockholder            | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License   | <input type="checkbox"/> Management/Operating Agreement  | <input type="checkbox"/> Wine & Malt to All Alcohol |                                                     |

Name of Licensee

EIN of Licensee

D/B/A

Manager

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Annual or Seasonal

Category: (All Alcohol- Wine & Malt Wine,  
Malt & Cordials)

Type: (Restaurant, Club, Package  
Store, General On Premises, Etc.)

**Complete Description of Licensed Premises:**

Application Filed:

Date & Time

Advertised:

Date & Attach Publication

Abutters Notified: Yes  No

Contact Person for Transaction

Phone:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission  
Ralph Sacramone  
Executive Director

---

---

---

---

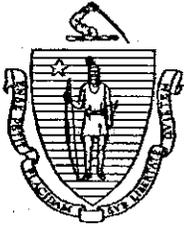
---

---

---

---

ABCC Remarks:



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 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: \_\_\_\_\_

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):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other \_\_\_\_\_

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

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* 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](http://www.mass.gov/dia)



HANK MANZ, CHAIRMAN  
 PETER C.J. KELLEY  
 NORMAN P. COHEN  
 GEORGE A. BURNELL  
 DEBORAH N. MAUGER

LEXSL  
 G

# Town of Lexington, Massachusetts

OFFICE OF SELECTMEN

TEL: (781) 862-0500 x208  
 FAX: (781) 863-9468

## CORI REQUEST FORM

The Lexington Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
 Applicant/Employee Signature (unless preempted by law)

### APPLICANT/EMPLOYEE INFORMATION (please print)

\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
 MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

\_\_\_\_\_  
 DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MADEN NAME  
 (Requested but not required)

\_\_\_\_\_  
 \*ID THEFT INDEX PIN (if applicable)

\_\_\_\_\_  
 CURRENT ADDRESS:

\_\_\_\_\_  
 FORMER ADDRESSES:

\_\_\_\_\_  
 SEX: HEIGHT: FT. IN. WEIGHT: EYE COLOR:

\_\_\_\_\_  
 STATE DRIVER'S LICENSE NUMBER: (include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
 REQUESTED BY: SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHS Identify Theft Index Pin Number is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.