

Instructions to Complete a DBA application:

Per M.G.L. Chapter 110, Section 5, any person conducting business in the Commonwealth, whether individually or as a partnership, shall file in the Office of the Clerk of every city or town where an office of any such person or partnership may be situated, a certificate stating the full name and residence of each person conducting such business, the title or name of the place of business, the address of the business which includes the street and number of the business address (*the address of business registration cannot be a PO Box*).

The fee is \$50.00 and can be paid by cash, business check or money order (made payable to the “Town of Milford”). Credit and debit cards are accepted at the office or online (with a fee) only.

Such certificate shall be executed under the pains and penalty of perjury that each person whose name appears therein as conducting such business and shall be signed by each such person in the presence of the Town Clerk or in the presence of a Notary Public. You will be required to show a valid photo id.
Examples: A valid (non-expired) Massachusetts Driver’s License or a valid (non-expired) Passport

You will also be required to provide our office a tax id number for the business or the social security number of the owner(s) of the business.

The certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed every four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

A person who has filed such a certificate shall, upon his discontinuing, retiring or withdrawing from such business or partnership, or in the case of a change of residence of such person or of the location where the business is conducted, filed in the office of said clerk a statement under oath that he has discontinued, retired or withdrawn from such business or partnership or of such change of his residence or change of the location of such business. In the case of the death of such person, such statement may be filed by the executor or administrator of his estate.

You will also be asked to visit the office of the building Inspector. He will determine if the business requires an occupancy permit or any additional permits. The DBA certificate cannot be completed without the Building Inspector’s signature.

Any businesses that have employees of any capacity (full or part time employment) are required by M.G.L. Chapter 152 to file for and provide a copy of their Worker’s Compensation information including Insurance Company Name, address, your policy number and expiration date of policy. The DBA Certificate cannot be completed until you have provided our office your Worker’s Compensation information.

If you are unable to come to our office to file the DBA please complete the paperwork in the presence of a Notary then mail the \$50.00 fee (cash, money order or business check only) and forms to our office along with a self-addressed stamped envelope.

Town Clerk’s Office
52 Main St., Room 12
Milford, MA 01757

Once processed, we will mail your certified copy of the DBA Certificate to the business address listed on the DBA in the envelope you provide.

DBA Checklist

Completed Business DBA Certificate Form

Completed Emergency Contact Form (for Police & Fire)

Completed Workers Compensation Form (this needs to be filled out even if you are a Sole Proprietor)

If needed, Copy of Workers Comp Insurance policy with policy number and expiration date

Copy of valid driver's license or valid passport for each owner

Tax id number or Social Security number for each owner

If you have changed your address or discontinued your business you need to give us written notice of such on business letterhead and signed by each owner. To Discontinue/Change Address to an existing DBA, please fill out a Discontinuance form.



The Commonwealth of Massachusetts Business Certificate
Milford, MA 01757



In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

PLEASE PRINT ALL INFORMATION

Name of Business: _____

is conducted at _____, Milford, MA 01757 Residence? _____

Business Phone #: (_____) _____ - _____ Business Fax #: (_____) _____ - _____

Nature of the Business: _____

by the following named person(s).

Owners Full Name(s):

Residence(s):

Signed (in presence of Town Clerk Office employee or person notarizing your signature(s):

****Is the owner of the property aware of the business? _____ & is letter from homeowner/landlord attached: _____**

(If the business is located at a residence that is a rental unit, a signed letter from the landlord/owner of the property must be attached to application stating that they are aware of the business being conducted on the property.)

* * * * *

TO BE COMPLETED BY DEPT. OF INSPECTIONS

Is the property zoned to allow this type of business? (Y)_____ (N)_____

_____ Allowable Use

_____ Special Permit Required

_____ Home Occupation Required

_____ Prohibited Use

_____ Subject to Site Plan Review

_____ Used for Mailing Address (no business to be conducted at property)

Signature of Building Commissioner: _____ **Date:** _____

_____ I am aware that the Town of Milford Zoning Bylaw regulates use of this property including but not limited to signage, parking, landscaping, noise, and use.

Signature of Applicant(s): _____ **Date:** _____

****If the business is food related, please speak to The Board of Health Dept. and Bd. of Selectmen****
****If the business is related to automobiles, please speak to the Bd. of Selectmen ****

(Make note that by signing this document, the Building Inspector & Health Agent do not approve any violation of the zoning by laws or health codes.)

The Commonwealth of Massachusetts

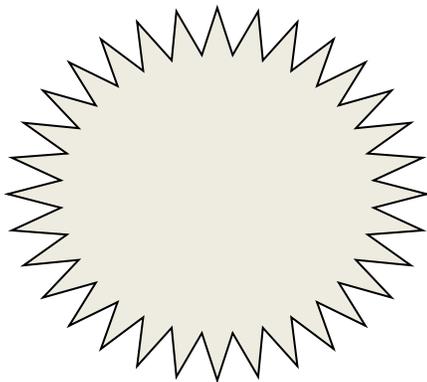
Milford, Worcester County _____, 20____

Personally appeared before me the above named owner(s):

and made oath that the foregoing statement is true.

A certificate issued in the accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

DBA Expiration Date: _____, 20____



Signature of the Town Clerk or

Signature of Notary Public

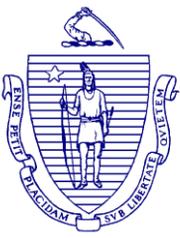
Notary Expiration Date _____, 20____

****MUST PROVIDE VALID MA DRIVERS LICENSE or PASSPORT****

Owner 1 Photo ID# _____ Owner 2 Photo ID# _____

TIN # or SS # _____ TIN # or SS # _____

Contact Phone # _____ Contact Phone # _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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):

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Milford Business Information Sheet

Please fax the completed form to 508-634-2346 or email it to
trusas@milfordpolice.org

Name of Business: _____

Business Address: _____

Business Phone Number: _____

Business Fax Number: _____

Alarm Information

Name of Alarm Company: _____

Alarm Company's Phone Number: _____

Type of Alarm (check all that apply)

Burglar Alarm

Fire Alarm

Panic Alarm

Primary Contact Person

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Secondary Contact Person

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Owner of the Property

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Primary point of contact to obtain the information from.

Name: _____

Phone Number: _____

Email Address: _____

Any Additional Information: _____
