

TOWN OF WARE – BOARD OF HEALTH  
MASSACHUSETTS 01082

**2010 License/Permit Renewal Application**

Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Telephone # \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Person in Charge \_\_\_\_\_

Telephone # \_\_\_\_\_

Name of Owner \_\_\_\_\_

Telephone # \_\_\_\_\_

Address of Owner \_\_\_\_\_

<u>Permit Type</u>	<u>Permit Fee</u>
<input type="checkbox"/> Retail	\$125.00 / \$600.00
<input type="checkbox"/> Food Service	\$150.00
<input type="checkbox"/> Limited / Type II	\$ 25.00
<input type="checkbox"/> Residential Kitchen	\$ 50.00
<input type="checkbox"/> Catering	\$100.00
<input type="checkbox"/> Bakery	\$150.00
<input type="checkbox"/> Milk & Cream	\$ 15.00
<input type="checkbox"/> Frozen Desserts	\$ 25.00
<input type="checkbox"/> Tobacco	\$100.00
<input type="checkbox"/> Motel / Trailer Park	\$150.00
<input type="checkbox"/> Tanning	\$ 75.00
<input type="checkbox"/> Tattoo Artist	\$ 50.00
<input type="checkbox"/> Tattoo Facility / Parlor	\$150.00

**TOTAL DUE - \$ \_\_\_\_\_ Make check payable to: Town of Ware**

Are you an Employer? Check appropriate box:

- I am an employer with \_\_\_ employees(full/part time)\*
- I am a sole proprietor or partnership and have no employees
- We are a Corporation and it's officers have exercised their right or exemption per c.152,s1(4), and we have no employees
- We are a non-profit organization, staffed by volunteers, with no employees

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 worker's compensation policy declaration page (showing policy # 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 pains and penalties of perjury that the information provided above is true and correct.***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

OFFICE USE: FEE COLLECTED \$ \_\_\_\_\_ DATE FEE COLLECTED \_\_\_\_\_  
PERMIT # ISSUED \_\_\_\_\_