FEE $ 200.00

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF ROCKPORT

APPLICATION FOR LICENSE

*No*_____ (GENERAL) DATE: _____ 20 ___

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a License in accordance with the provisions of the statutes relating thereto

_____

_____

Full name of person, firm or corporation making application)

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED

To Used Car Dealer's License – Class II to buy, repair & sell used automobiles

_____.

_____.

_____

GIVE LOCATION BY STREET AND NUMBER

At _____

in said Town of Rockport

In accordance with the rules and regulations made under authority of said Statues.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under law.

_____ _____

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if Applicable)

_____ _____

**Social Security #(Voluntary) or Federal Identification Number

Telephone

* 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 of delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Mass. G.L. c. 62C s. 49A.

Please submit payment to: Board of Selectmen, 34 Broadway, Rockport, MA 01966

Received _____ 20 ____ _____

Signature of Applicant

Hour A.M. _____

P.M. _____

_____

Address

Approved _____20 ____ License Granted _____ 20 ____

Print Form

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 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 7/2010

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Town of Rockport is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Rockport to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Rockport written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
the Town of Rockport may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Town of Rockport must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____

SIGNATURE DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

_____

*Last Name *First Name Middle Name Suffix

_____

Maiden Name (or other name(s) by which you have been known)

_____ _____

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____-_____

Sex: ____ Height: ___ft. __ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

_____ _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

TOWN OF ROCKPORT
CORI POLICY

I. PURPOSE

This Policy outlines the requirements for the criminal history screening of prospective and current employees, subcontractors, volunteers and interns and professional licensing applicants.

II. APPLICATION

State law and regulations govern the use of Criminal Offender Record Information (CORI) and other criminal history checks by a municipality. When such checks are conducted, such as in connection with an application for employment, volunteer work or licensing purposes, the following practices and procedures will be followed. Violations of CORI laws and regulations are actionable in accordance with state law, and may also result in disciplinary action against an employee found to have violated said laws and regulations, up to and including termination from employment.

III. POLICY

A. Access to CORI

All CORI obtained from the Massachusetts Department of Criminal Justice Information System (DCJIS) shall remain **CONFIDENTIAL**, and CORI may only be disclosed to those individuals who have a "need to know,, the information in order to fulfill their duties. This may include hiring managers, staff submitting the CORI requests, and staff charged with processing applications. However, every effort will be made to limit the number of individuals authorized to access or receive CORI. The Town must maintain and keep a current list of each individual authorized to have access to, or view, CORI. This list must be updated every six (6) months and is subject to inspection upon request by the DCJIS at any time.

Pursuant to state regulations, all CORI certifications must be renewed annually, and any persons authorized to access CORI are required to be retrained annually.

B. Training

All personnel authorized to review or access CORI, which includes all personnel authorized to conduct criminal history background checks, shall review and be thoroughly familiar with the educational and relevant training materials regarding CORI laws and regulations made available by the DCJIS.

C. Conducting CORI Screening

CORI checks will only be conducted as authorized by the DCJIS and G.L. c. 6, § 172, and only after a CORI Acknowledgement Form has been completed by the individual to be checked.

If a new CORI check is to be made on a subject within a year of his/her signing of the CORI Acknowledgement Form, the subject shall be given seventy two (72) hours' notice that a new CORI check will be conducted.

In accordance with state regulations, prior to running a CORI check, the applicant's identity will be verified with government-issued photographic identification (such as a driver's license or passport). If the individual has not been issued such a form of identification, then the applicant's information will be verified with a government-issued non-photographic identification, such as a birth certificate or social security card, or other identification authorized by DCJIS. The Town shall maintain a copy of this identification, together with the CORI Acknowledgment Form, on file for at least one year from the date the Form was signed by the applicant.

In no instance will the applicant be asked or required to provide a copy of his/her own CORI.

D. Use of Criminal History in Employment Background Screening

CORI used for employment purposes shall only be accessed for applicants who are otherwise qualified for the position and meet all other requirements for the position for which they have applied. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on background checks will be made consistent with this Policy and any applicable law or regulations.

E. Use of a Credit Reporting Agency to Conduct CORI Checks

If a Credit Reporting Agency (CRA) is used to conduct CORI checks on applicants, the Town will comply with the state regulations particular to use of a CRA.

F. Verifying Subject's Identify Once CORI Record is Received

If a criminal record is received from the DCJIS, the information is to be closely compared with the information on the CORI Acknowledgement Form and any other identifying information provided by the applicant to ensure the record belongs to the applicant. If the information in the CORI record provided does not exactly match the identification information provided by the applicant, a determination is to be made by an individual authorized to make such determinations based on a comparison of the CORI record and documents provided by the applicant.

G. Inquiring About Criminal History

In connection with any decision regarding employment, volunteer opportunities or licensing, the subject shall be provided with a copy of the criminal history record, whether obtained from the DCJIS or from any other source, prior to questioning the subject about his or her criminal history, and **PRIOR** to making any adverse decision based upon the applicant's criminal history. The source(s) of the criminal history record is also to be disclosed to the subject.

H. Determining Suitability

If a determination is made, based on the information as provided in Section F of this Policy, that the criminal record belongs to the subject, and the subject does not dispute the record's accuracy, then the determination of suitability for the position or license will be made. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on CORI checks will be made consistent with this Policy and any applicable law or regulation. Factors to be considered in determining suitability may include, but not be limited to, the following:

(1) Relevance of the offense(s) noted on the record to the position or license sought;
(2) The nature of the work to be performed (where applicable);
(3) Time since the conviction;
(4) Age of the candidate at the time of the offense;
(5) Seriousness and specific circumstances of the offense;
(6) The number of offenses;
(7) Whether the applicant has pending charges;
(8) Any relevant evidence of rehabilitation or lack thereof; and
(9) Any other relevant information, including information submitted by the candidate or requested by the organization.

Whenever possible, the applicant is to be notified of the decision and the basis for it in a timely manner.

I. Adverse Decisions Based on CORI

If an authorized official is inclined to make an adverse decision based on the results of a criminal history background check, the applicant will be notified promptly. The subject shall be provided with copies of: 1) the organization's CORI Policy; 2) the criminal history at issue, indicating the source(s) of said criminal history; and 3) DCJIS' ***Information Concerning the Process for Correcting a Criminal Record***, or other similar information published by DCJIS relating to the process for correcting CORI.

The subject will then be provided with a reasonable opportunity to dispute the accuracy of the CORI record and/or submit additional information. In most instances, that reasonable opportunity shall be seven (7) calendar days from date of notification from the Town of the potential of an adverse decision, unless there are extenuating circumstances. Upon the timely receipt of additional documentation/information from the applicant and/or the DCJIS, the Town shall review the information. If the CORI record does not exactly match the identification information provided by the applicant, the Town will make a determination based upon a comparison of the CORI record and documentation provided by the applicant. The Town shall document all steps it takes in this regard.

In the case of license applications, the Town will additionally provide the applicant with information regarding any applicable appeal process, including the opportunity to dispute the accuracy of the CORI at issue.

J. Maintenance of CORI

All CORI information, including CORI Acknowledgment Forms and copies of government-issued identification, will be maintained in a secure fashion. This means that hard copies will be stored in a separate, locked, location; electronically-stored CORI will be password protected and encrypted. No CORI shall be stored using public cloud storage methods. CORI shall be destroyed within seven years from: the date of hire, or date of entrance into volunteer service (employment); date of licensing decision (licensing); last date of residency or date of housing decision (housing), whichever is later. Destruction shall occur by shredding or other similar means (hard copies), prior to disposal. Electronically-stored CORI shall be deleted from all hard drives on which they are stored and from any system used to back up the information. Appropriate measures shall be taken to "clean„ any computer used to store CORI, prior to disposal or repurposing of such a computer.

K. Secondary Dissemination Logs

All CORI information obtained from the DCJIS is **CONFIDENTIAL** and can only be disseminated as authorized by law and regulation. A central "secondary dissemination log„ shall be used to record *any* dissemination of CORI outside this organization, including dissemination at the request of the subject. That log must contain the following information: 1) the applicant/subject's name; 2) the applicant/subject's date of birth; 3) the date and time of dissemination; 4) the name of the person to whom the CORI was disseminated, including the name of the organization for whom the person works (if applicable); and 5) the specific reason for the dissemination. These logs must be maintained for at least one year from the date of dissemination; they may be maintained electronically or on paper in the same secure manner as other CORI information; and are subject to audit by DCJIS.

Rockport Board of Selectmen
Adopted: June 24, 2014