



# *Town of Ludlow, Massachusetts*

## *Office of the Selectboard*

*Marc Strange, Town Administrator*

### **APPLICATION FOR/AND RENEWAL FORM CLASS I, II, OR III LICENSE**

**DATE:** \_\_\_\_\_

Please complete the following and return it to the Office of the Selectboard, 488 Chapin Street, Ludlow, MA 01056 along with the \$200.00 check made payable to the Town of Ludlow, the Worker's Compensation Insurance Affidavit form, the declaration page of the workers comp policy, and *if Class II license proof of \$25,000 bond.*

**Corporate Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**On-site Manager Name and Phone Number:** \_\_\_\_\_

*(Please list ALL names required for your license)*

**Business Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Type of License:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/License Holder

\_\_\_\_\_  
Federal Identification No. or Social Security No.

Submit to the Selectboard's Office the following:

1. Application
2. Check for \$200.00 (payable to the Town of Ludlow)
3. Workers Compensation Insurance Affidavit (including copy of Declaration page of policy)
4. Class II Only: proof of \$25,000 Bond

◇ 488 Chapin Street Ludlow, MA 01056 ◇ (413) 583-5600, ext. 1201, ◇ FAX: (413) 583-5603 ◇  
◇ TTY (413) 583-5668 ◇ Email: [selectboard@ludlow.ma.us](mailto:selectboard@ludlow.ma.us) ◇



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**Lafayette City Center**  
**2 Avenue de Lafayette, Boston, MA 02111-1750**  
**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 § 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 (check one):**

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

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