TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 Fax: 508-634-2200

BOARD OF SELECTMEN

LOCAL LICENSING AUTHORITY

CLASS II LICENSE

NEW/RENEWAL APPLICATION

(M.G.L. c 140, § 58)

State Statute requires a Class 2 license for a person who is engaged principally and substantially in the business of buying, selling, or exchanging motor vehicles or trailers, maintains a facility dedicated to carrying out said business, and is open to the public.

NEW LICENSE - REQUIRED DOCUMENTATION:

1. Check made payable to the Town of Hopedale $100
2. State Application for a License to Buy, Sell.....Second Hand Motor Vehicles *Hobbs & Warren Form 53 ***(2) FORM IN DUPLICATE WITH ORIGINAL SIGNATURES MUST BE SUBMITTED***
3. Town Application Form (next (5) pages
4. Zoning Board Decision
5. Letter to Board of Selectmen explaining type of business and a **Plot Plan** showing building(s) sales & service, # garage bays, parking spaces for employees, parking spaces for customer, # of spaces for new vehicles, # of spaces for used vehicles, # of parking spaces for cars being repaired, emergency vehicle entrance(s) and egress(es) and customer entrances and egress
6. Lease Agreement with owner building or Letter from Seller if being purchased stating he/she is agrees to release the license
7. Surety Bond in the amount of $25,000 listing Town of Hopedale as the Obligee
8. Articles of Organization as filed with Massachusetts Secretary of State's office
9. Certificate of Good Standing from Massachusetts Department of Revenue https:/mtc.dor.state.ma.us/mtc/_/
10. REAP Form (Revenue Enforcement Protection Attestation Form)
11. Worker's Compensation Insurance Affidavit (if not sole owner must provide Policy Declaration Page)
12. Worker's Compensation Policy Declaration Page
13. Emergency Contact Form
14. Business Certificate obtained from Town Clerk's Office (508) 634-2203 X 215
15. Abutter List obtained from Assessor's Office (508) 634-2203 X 224 listing all direct abutters to the establishment and land owner's directly opposite the establishment
16. **Public Hearing** (All Fees are paid by the Applicant)
17. Proof of mailing notice to abutters via certified mail (notice must be published in a local newspaper at least 7 days prior to the public hearing) and posted with the Town Clerk's Office
18. CORI Form for each individual listed on the Articles of Organization
19. Approval from Town Departments, Board and Committees
20. Incomplete applications will not be accepted by the Selectmen's Office

RENEWAL LICENSE - REQUIRED DOCUMENTATION:

1. Renewal Application Form
2. Surety Bond in the amount of $25,000
3. Check made payable to the Town of Hopedale $100
4. Articles of Organization as filed with Massachusetts Secretary of State's Office
5. Certificate of Good Standing from Massachusetts Department of Revenue https:/mtc.dor.state.ma.us/mtc/_/
6. REAP Form (Revenue Enforcement Protection Attestation Form)
7. Worker's Compensation Insurance Affidavit
8. Worker's Compensation Policy Declaration Page
9. Emergency Contact Form
10. Business Certificate obtained from Town Clerk's Office
11. Incomplete applications will not be accepted by the Selectmen's Office

RECEIVED BY BOARD OF SELECTMEN'S OFFICE

TOWN OF HOPEDALE

DATE:

TIME

**********ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**********

CLASS II LICENSE
APPLICATION / RENEWAL
(M.G.L. c.140, § 58)

TO THE HOPEDALE LOCAL LICENSING AUTHORITY AND / OR STATE LICENSING BOARD:
The undersigned hereby applies for an Class II Dealer's License per *(M.G.L. c. 140, § 58)* and in accordance with the provisions of the Statutes relating thereto, the bylaws of the town and provisions set by the Local Licensing Authority

PER TOWN OF HOPEDALE BYLAW
§ 270-3. Denial, revocation or suspension of license or permit.
The licensing authority may deny, revoke or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the Tax Collector or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate owned by any party whose name appears on said list furnished to the licensing authority from the Tax Collector; provided, however, that written notice is given to the party and the Tax Collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than 14 days after said notice.

NEW APPLICANT REQUIRED DOCUMENTATION

- ☐ **Town Fee - $100**
- ☐ **Worker's Compensation Insurance Affidavit**
- ☐ **Worker's Compensation Declaration Page**
- ☐ **Town Application**
- ☐ **Emergency Contact Form**
- ☐ **Letter to Board &Plot Plan with above listed items**
- ☐ **Articles of Organization-Sec. of State**
- ☐ **Certificate of Good Standing-MA DOR**
- ☐ **Name and Address of Repair Facility**
- ☐ **Zoning Board Decision**
- ☐ **2) Signed State Applications for a License to Buy Sell Second Hand Motor Vehicles *Hobbs & Warren Form 53**
- ☐ **Business Certificate**
- ☐ **$25,000 Surety Bond**
- ☐ **Public Hearing Notice**
- ☐ **Sign off by Bldg., BOH, Police, Fire**
- ☐ **REAP Form**
- ☐ **CORI Form**
- ☐ **Public Hearing Notice and mailings**

RENEWAL APPLICANT REQUIRED DOCUMENTATION

- ☐ **Renewal Fee - $100**
- ☐ **Town Application**
- ☐ **Proof of $25,000 Surety Bond**
- ☐ **Worker's Compensation Declaration Page**
- ☐ **Certificate of Good Standing-MA DOR**
- ☐ **REAP Form**
- ☐ **Worker's Compensation Ins. Affidavit**
- ☐ **Articles of Organization-Sec. of State**
- ☐ **Emergency Contact Form**
- ☐ **Business Certificate**

ALL APPLICANT'S PLEASE PRINT:

Date of Application: _____

Business Name: _____

Business Address: _____
Street Number Street Name City/Town State Zip

Bus. Owner Name: _____ Bus. Telephone: _____

Business Owner Home Address: _____
Street Number Street Name City/Town State Zip

Corporation Name: _____ Telephone: _____

Corporation Address: _____
Street Number Street Name City/Town State Zip

List the name and Address of the Garage where repair work will be done during the warranty: _____

_____

LIST HOURS OF OPERATION

Weekdays: Start Time: _____ End Time: _____

Saturdays: Start Time: _____ End Time: _____

Sundays: Start Time: _____ End Time: _____

Are you aware of the provisions of MGL Chapter 140 §§57-59?

Will your principal business the sale of motor vehicles? ☐ YES ☐ NO

Do you have a location ready for such a business? ☐ YES ☐ NO

Do you have experience in the business of the sale of motor vehicles? ☐ YES ☐ NO

Have you ever had a license to sell motor vehicles in this state or any other state denied? ☐ YES ☐ NO

Please explain: _____

What is your present principal business? _____

Please explain: _____

I hereby swear (affirm) under the pains and penalties of perjury that I am the person named above and that the information provided by me in this document is true and that I am aware of and shall comply with the MGL and Town Bylaw statutes.

Will or are vehicles repaired on site? _____

If so, please explain;_____

If not, Name, Address and Telephone Number of Repair Facility: _____

_____ Telephone: _____

I hereby swear (affirm) under the pains and penalties of perjury that I am the person named above and that the information provided by me in this document is true and that I am aware of and shall comply with the MGL and Town Bylaw statutes.

_____
Applicant's Printed Name

_____ _____
Applicant's Signature Date

_____ _____
Land Owner's Signature (New Applicants Only) Date

NEW APPLICATIONS ONLY

PLEASE OBTAIN RECOMMENDATIONS FROM INSPECTOR'S PRIOR TO SUBMITTING APPLICATION TO THE BOARD OF SELECTMEN OFFICE

Bldg. Inspector:_____Date: _____ ☐ Recommend ☐ Do Not Recommend

BOH Agent:_____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Fire Chief:_____Date: _____ ☐ Recommend ☐ Do Not Recommend

Police Chief:_____ Date: _____ ☐ Recommend ☐ Do Not Recommend

Comments:_____

_____

_____

_____

Board of Selectmen REVIEW DATE: _____

Board of Selectmen APPROVAL DATE: _____

Board of Selectmen Conditions of Approval:_____

_____

_____

_____

_____

THE COMMONWEALTH OF MASSACHUSETTS

_____ OF _____

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a..... class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? .....

.....

Business address of concern. No. .....St.,

.....City — Town.

2. Is the above concern an individual, co-partnership, an association or a corporation? .....

.....

3. If an individual, state full name and residential address.

.....

.....

4. If a co-partnership, state full names and residential addresses of the persons composing it.

.....

.....

.....

.....

.....

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President .....

Secretary .....

Treasurer .....

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? .....

If so, is your principal business the sale of new motor vehicles? .....

Is your principal business the buying and selling of second hand motor vehicles? .....

Is your principal business that of a motor vehicle junk dealer? .....

FORM 53 HOBBS & WARREN, INC., PUBLISHERS - REVISED

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

Application after investigation .....
(Approved or Disapproved)

License No. ... .granted..... .....19.... Fee $.....

Signed.....

.....

.....

.....

.....

.....

CHAPTER 140 OF THE GENERAL LAWS, TER. ED., WITH AMENDMENTS THERETO (EXTRACT)

SECTION 57. No person, except one whose principal business is the manufacture and sale of new motor vehicles but who incidentally acquires and sells second hand vehicles, or a person whose principal business is financing the purchase of or insuring motor vehicles but who incidentally acquires and sells second hand vehicles, shall engage in the business of buying, selling, exchanging or assembling second hand motor vehicles or parts thereof without securing a license as provided in section fifty-nine. This section shall apply to any person engaged in the business of conducting auctions for the sale of motor vehicles.

SECTION 58. Licenses granted under the following section shall be classified as follows:

Class 1. Any person who is a recognized agent of a motor vehicle manufacturer or a seller of motor vehicles made by such manufacturer whose authority to sell the same is created by a written contract with such manufacturer or with some person authorized in writing by such manufacturer to enter into such contract, and whose principal business is the sale of new motor vehicles, the purchase and sale of second hand motor vehicles being incidental or secondary thereto, may be granted an agent's or a seller's license; provided, that with respect to second hand motor vehicles purchased for the purpose of sale or exchange and not taken in trade for new motor vehicles, such dealer shall be subject to all provisions of this chapter and of rules and regulations made in accordance therewith applicable to holders of licenses of class 2.

Class 2. Any person whose principal business is the buying or selling of second hand motor vehicles may be granted a used car dealer's license.

Class 3. Any person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding the same, or the buying or selling of parts of second hand motor vehicles or tires, or the assembling of second hand motor vehicle parts, may be granted a motor vehicle junk license.

SECTION 59. The police commissioner in Boston and the licensing authorities in other cities and towns may grant licenses under this section which shall expire on January first following the date of issue unless sooner revoked. The fees for the licenses shall be fixed by the licensing board or officer, but in no case shall exceed $100. dollars. Application for license shall be made in such form as shall be approved by the registrar of motor vehicles, in sections fifty-nine to sixty-six, inclusive, called the registrar, and if the applicant has not held a license in the year prior to such application, such application shall be made in duplicate, which duplicate shall be filed with the registrar. No such license shall be granted unless the licensing board or officer is satisfied from an investigation of the facts stated in the application and any other information which they may require of the applicant, that he is a proper person to engage in the business specified in section fifty-eight in the classifications for which he has applied, that said business is or will be his principal business, and that he has available a place of business suitable for the purpose. The license shall specify all the premises to be occupied by the licensee for the purpose of carrying on the licensed business. Permits for a change of situation of the licensed premises or for addition thereto may be granted at any time by the licensing board or officer in writing, a copy of which shall be attached to the license. Cities and towns by ordinance or by-law may regulate the situation of the premises of licensees within class 3 as defined in section fifty-eight, and all licenses and permits issued hereunder to persons within said class 3 shall be subject to the provisions of ordinances and by-laws which are hereby authorized to be made. No license or permit shall be issued hereunder to a person within said class 3 until after a hearing, of which seven days' notice shall have been given to the owners of property abutting on the premises where such license or permit is proposed to be exercised. All licenses granted under this section shall be revoked by the licensing board or officer if it appears, after hearing, that the licensee is not complying with sections fifty-seven to sixty-nine, inclusive, or the rules and regulations made thereunder; and no new license shall be granted to such person thereafter, nor to any person for use on the same premises, without the approval of the registrar. The hearing may be dispensed with if the registrar notifies the licensing board or officer that a licensee is not so complying. Any person aggrieved by any action of the licensing board or officer refusing to grant, or revoking a license for any cause may, within ten days after such action, appeal therefrom to any justice of the superior court in the county in which the premises sought to be occupied under the license or permit applied for are located. The justice shall, after such notice to the parties as he deems reasonable, give a summary hearing on such appeal, and shall have jurisdiction in equity to review all questions of fact or law and may affirm or reverse the decision of the board or officer and may make any appropriate decree. The decision of the justice shall be final.

TOWN OF HOPEDALE
78 Hopedale Street
Hopedale, MA 01747

Commonwealth of Massachusetts

Section 49A. (a) A person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or a subdivision of the commonwealth, including a city, town or district, for a right or license to conduct a profession, trade or business or for the renewal of the right or license, shall certify upon application, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

REVENUE ENFORCEMENT & PROTECTION ATTESTATION (REAP)

MASSACHUSETTS DEPARTMENT OF REVENUE

Pursuant to M.G.L. c. 62C § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief I, and/or the entity applying for licensure, have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

_____

Social Security Number if sole proprietor; **OR** Federal Identification Number, if a corporation
Corporations must use the Federal Tax Id number
(one or the other is required)

Corporate Name: _____ Business and/or DBA Name: _____

Must List Corporate Name as it appears Federal Tax Forms
also List DBA Name

Authorized Signature: _____ Must Print Name & Title _____

Signature and Printed Name & Title (If Corporation must be current corporate officer)

Name of Person on License Application (Print) :_____

Residential Address:_____

City/Town:_____ State:_____ Zip: _____

Phone number:_____ Date Completed:_____

This information will be furnished to the Massachusetts Department of Revenue to determine whether you have filed all state tax returns, paid all state taxes required under law and complied with all laws of the Commonwealth relating to taxes. Licensees who fail to correct their non-filing, delinquency status, or who are not in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support will be subject to license suspension or revocation under M.G.L. c. 62C § 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

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: HOPEDALE **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: SUSAN BROUWER **Phone #:** 508-634-2203 x 210

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017

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

Form Revised 02-23-15

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF HOPEDALE

EMERGENCY CONTACT FORM

Date: _____

_____

Name of Licensed Business

_____

Address of Business

EMERGENCY CONTACT INFORMATION

_____

Name of Emergency Contact

_____

Home Address of Emergency Contact

_____

24 Hour Emergency Contact Telephone Number

Licenses applying ***for or held*** in the Town of Hopedale:

_____

_____

_____

Business Hours

Weekday Business Hours of Operation Mon-Fri: _____

Weekend Business Hours of Operation Sat. & Sun:_____

IF YOU ARE APPLYING FOR AN ENTERTAINMENT LICENSE YOU MUST COMPLETE

Weekday Entertainment Hours Mon-Fri:_____

Weekend Entertainment Hours Sat. & Sun:_____

Types of Entertainment:_____

_____

The premises is _____ ALARMED _____NOT ALARMED

The premises has _____SPRINKLER SYSTEM _____DOES NOT HAVE SPRINKLER SYSTEM

THIS FORM MUST BE COMPLETED BEFORE A LICENSE IS ISSUED

TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 x 215 Fax: 508-634-2200
Email: sette@hopedale-ma.gov

Board of Selectmen

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

The Town of Hopedale Board of Selectmen Licensing Board for the Town of Hopedale 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 the Town of Hopedale Board of Selectmen 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 the Town of Hopedale Board of Selectmen with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Hopedale Board of Selectmen may conduct subsequent CORI checks within one year of the date of this Form was signed by me provided, however, that the Town of Hopedale Board of Selectmen 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 on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Printed Name Date

_____ _____
Signature Date

SUBJECT INFORMATION:

_____
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:_____

Mother's Full Maiden Name:_____

Father's Full Name:_____

Current Address: _____
Street Number & Name of Street

_____
City / Town State Zip Code

Former Address: _____
Street Number & Name of Street

_____
City / Town State Zip Code

➡ **NOTE DO NOT COMPLETE THE INFORMATION BELOW**

The above information was verified by reviewing the following forms(s) of **government issued identification**

[ ] Massachusetts Driver's License

[ ] Other _____

VERIFIED BY: Susan M. Brouwer, Executive Assistant Town Coordinator and Board of Selectmen
Verifying Employee Printed Name and Title

_____
Signature of Verifying Employee