



**TOWN OF TISBURY**  
OFFICE OF THE SELECTMEN  
P.O. BOX 1239 – 51 SPRING STREET  
VINEYARD HAVEN, MASSACHUSETTS 02568  
TEL: (508) 696-4200  
FAX: (508) 693-5876  
[www.tisburyma.gov](http://www.tisburyma.gov)

***Required Documents Check Off List***

*Following must be submitted together with your completed application:*

- Revenue Enforcement and Protection (REAP) Attestation
- Workers' Compensation Insurance Affidavit
- Certificate of Liability Insurance
- Completed Inspection Sign – Off Sheet
- Payment in amount of \$115.00. Payments can be made via check made out to the Town of Tisbury or Credit Card at the Board of Selectmen Office ( additional Credit Card Charge of 3% will apply)



**Town of Tisbury**  
Common Victuallers  
License Application

Please return this form with:  
All applicable Attachments & Fees  
to the  
**Licensing Office**  
**Town of Tisbury**  
(508) 696-4202

New / Renewal (circle one)  
**Date application submitted:** \_\_\_\_\_

(please fill out all fields below:)  
**Applicant/ Business Name:** \_\_\_\_\_  
(please include Corporate, Llc., or d/b/a info \_\_\_\_\_  
as well as business name) \_\_\_\_\_

**Address of Business Operation:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Name of Individual Applying:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Nature of Business:**  
 Full Service Restaurant  
 Take -Out  
 Retail Only

**Length of Operation:**  
 Year - Round  
 Seasonal

**Operation Hours:** \_\_\_\_\_ **Number of Seats:** \_\_\_\_\_

**FOR ALL NEW APPLICATIONS ONLY:**

\_\_\_\_\_ Did you receive a copy of the applicable licensing regulations?  
\_\_\_\_\_ APPLICATION FEE  
\_\_\_\_\_ ANNUAL LICENSE FEE (if license is granted)  
\_\_\_\_\_ HEARING DATE

.....  
Internal:  
Advertisement placed on what date: \_\_\_\_\_ Publication(s): \_\_\_\_\_  
REAP rec'd? \_\_\_\_\_  
Inspections? \_\_\_\_\_  
Insurance forms/ waivers? \_\_\_\_\_  
Bond (if req.) \_\_\_\_\_

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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

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\*Signature of Individual or Corporate Name (Mandatory)

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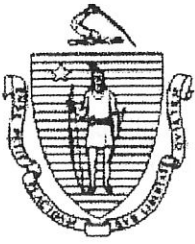
by: Corporate Officer (Mandatory, if applicable)

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

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



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

Print Form

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 #: \_\_\_\_\_



TOWN OF TISBURY  
CERTIFICATE OF INSPECTION  
SIGN-OFF SHEET

NAME \_\_\_\_\_ ESTABLISHMENT \_\_\_\_\_ PERMIT YEAR \_\_\_\_\_

1) FIRE DEPARTMENT: \_\_\_\_ APPROVE \_\_\_\_ NOT APPROVE \_\_\_\_ CONDITIONAL APPROVAL  
CONDITIONS/ COMMENTS:

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NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
FIRE CHIEF

2) BUILDING INSPECTOR: \_\_\_\_ APPROVE \_\_\_\_ NOT APPROVE \_\_\_\_ CONDITIONAL APPROVAL  
CONDITIONS/ COMMENTS:

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NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
BUILDING/ZONING INSPECTOR

3) HEALTH INSPECTOR: \_\_\_\_ APPROVE \_\_\_\_ NOT APPROVE \_\_\_\_ CONDITIONAL APPROVAL  
CONDITIONS/ COMMENTS:

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NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
BOARD OF HEALTH INSPECTOR