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

MOPED LICENSE APPLICATION PACKET

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
- ☐ Inventory Checklist
- ☐ Payment in amount of $850.00. 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)

Incomplete applications will delay the processing period.

Submit by mail: Town of Tisbury
Attn.: Board of Selectmen Office
P.O. Box 1239,
Vineyard Haven, MA, 02568

Submit in Person: Tisbury Town Hall
Katherine Cornell Theater
51 Spring Street,
Tisbury, MA, 02568

Town of Tisbury

General 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:)
Type of License/Business:_____
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:** _____

Please state clearly below purpose for which license is requested:

_____
_____
_____
_____
_____

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.) _____

TAXI LICENSE INVENTORY CHECKLIST

Business Name _____Permit Year_____

Number of Vehicle's _____

List All Vehicle's Makes And Models

Make	Model	Year	Quantity

Applicant's Signature_____Date_____

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.

_____

*Signature of Individual or Corporate Name (Mandatory)

_____

by: Corporate Officer (Mandatory, if applicable)

_____

**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.

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 #:** _____