



## Application for Junk, Secondhand License (License for buying, selling or exchanging of junk and secondhand articles)

Dear License Applicant:

Please review the following instructions and list of required documents to determine requirements for your application.

It is important to note that:

- Please fill out the attached CORI request form and mail to Department of Criminal Justice Informational Service along with a check for \$25.00 written to The Commonwealth of Massachusetts. They will then send you back your CORI. Please submit your CORI and completed packet along with a check for \$25.00 written to The Town of Stoneham for the license fee to The Stoneham Police Department, 47 Central Street, Stoneham, MA 02180, Attn: Chief McIntyre.
- Chief of Police will review CORI and application and then will submit it to the Board of Selectmen.
- A hearing with the Board of Selectmen is required for all junk, secondhand articles license transactions and will be scheduled by our office upon receipt of packet from the Chief of Police which states he clears the operation of this business. We will inform you of any issues which may be raised within a reasonable time prior to the hearing.
- Prior to filling out this application, please review The Mass General Law Chapter 140, Section 54 & The Code of the Town of Stoneham Chapter 7, Sections 1-9.

All documents may be accessed online. If you would a hard copy of any of these documents mailed to you, please contact our office at (781) 279-2680.

Thank you,  
Board of Selectmen  
Town of Stoneham

	<b>Documents required for Secondhand Articles License Application (New or Renewal)</b>
Commonwealth of Massachusetts Form	None
Town of Stoneham Application	Required
Evidence of Good Standing from Secretary of State	Provide evidence from the Secretary of State's website <a href="http://www.mass.gov/dor/businesses/programs-and-services/certificate-of-good-standing.html">http://www.mass.gov/dor/businesses/programs-and-services/certificate-of-good-standing.html</a>
Lease Agreement	If the property is owned by someone other than the applicant
P & S Agreement	If applicable.
Check payable: Town of Stoneham	Annual license fee of \$25.00
Business Certificate	Required (Town Clerk's Office)
Workers Compensation Affidavit	Required
CORI	Required - <a href="http://www.mass.gov/eopss/docs/chsb/personal-access-form-v2-20121228.pdf">http://www.mass.gov/eopss/docs/chsb/personal-access-form-v2-20121228.pdf</a>
Hearing	Hearing date will be scheduled after the application and CORI has been cleared by The Stoneham Police Department



**Town of Stoneham**  
APPLICATION FOR LICENSE

***Second Hand Dealer***

RETURN FORM TO:

Board of Selectmen's Office  
Attn: Erin Sinclair  
35 Central Street  
Stoneham, MA 02180

New License

Renewal

Business Name and Address:

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Signature of Applicant \*

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Business Owner Name and Residence Address:

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Home Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

General Description of Articles Sold: \_\_\_\_\_

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Do items sold include old gold and silver

Yes \_\_\_\_\_ No \_\_\_\_\_

License Expires

May 1st

Renewal Application must be filed by April 15th

\* If licensee is a corporation, attach a list of all officers. Please indicate (above) title of officer signing application for corporation.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

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

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\*Signature of Individual

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By: Corporate Officer

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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 revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



## CRIMINAL OFFENDER RECORD INFORMATION (CORI) PERSONAL REQUEST FORM

Use this form only for requesting your own CORI. A bank check or money order for \$25.00 must be submitted with this form. Please note: this is a multi-page request form. Incomplete request forms will not be processed. Requests must be mailed, along with the accompanying payment or indigency waiver, to the address provided above, ATTN: CORI Unit.

### Request Type Details

\*Are you applying for an indigency waiver?  Yes  No

If you are applying for an indigency waiver, please go to [www.mass.gov/courts/formsandguidelines/aff\\_indigency.pdf](http://www.mass.gov/courts/formsandguidelines/aff_indigency.pdf) to download the waiver form. You must submit the waiver with the completed application.

If you require a certified copy of your CORI, please check this box.

### Requestor Details

Please complete this section using your information. A red asterisk (\*) denotes a required field.

\*First Name  \*Last Name

Middle Initial  Suffix  \*Date of Birth

Maiden Name   Check here if your CORI request is limited to your maiden name. (IMPORTANT: if this box is not checked, you must pay an additional \$25 unless you are indigent.)

\*Last 6 digits of Social Security number   I do not have a Social Security number

### \*Mailing Address

Street 1  Street 2 (Apt, Suite, Bldg)

City/Town  State  Zip

Phone  Ext.  Email