



THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF WESTPORT

APPLICATION FOR A LICENSE TO  
REPAIR MOTOR VEHICLES

The undersigned, duly authorized by the concern herein mentioned, hereby apply for a license to repair motor vehicles or parts thereof in accordance with the Town of Westport By-Law, Article 29, 1978, effective July 19, 1978.

Business Name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Hours of business: \_\_\_\_\_

Manager: \_\_\_\_\_

Requested number of "repair" vehicles: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete appropriate section below:

If an **individual**, state full name and residential address; include legal or mailing address if either is different:

\_\_\_\_\_ Full Name

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Mailing Address – if different

If a **co-partnership**, state full names and residential address (also legal and/or mailing addresses if appropriate) of the persons composing it:

\_\_\_\_\_ Full Name

\_\_\_\_\_ Full Name

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Residential Address

\_\_\_\_\_ Mailing Address – if different

\_\_\_\_\_ Mailing Address – if different

If an association or a corporation, state full names and residential (also legal and/or mailing) addresses of principal officers:

President: \_\_\_\_\_  
Full Name                                      Residence                                      Mailing

Secretary: \_\_\_\_\_  
Full Name                                      Residence                                      Mailing

Treasurer: \_\_\_\_\_  
Full Name                                      Residence                                      Mailing

Will you be engaged principally in the business of repairing motor vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, what is your principal business? \_\_\_\_\_

Do you hold any other relevant licenses issued by the Town of Westport? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list what type of license(s)? \_\_\_\_\_  
(i.e. Class I, II, III or Storage license)

Has location been approved by: (please answer: yes / no / not applicable)

Building Department: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Planning Board: \_\_\_\_\_

Board of Health: \_\_\_\_\_

Conservation Commission: \_\_\_\_\_

**(An engineered parking plan, approved and signed off by the Building and Fire Departments must be submitted with this application)**

Have you complied with all existing state building, fire, safety, health and electrical codes?

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

**(Attach a copy of the Fire Dept Inspection and Building Department sign-off sheet)**

Do you plan to do any painting or body work on the premises? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe the area set aside for such activities and include provisions made for catching any fumes resulting from such activity and special fireproofing precautions:

\_\_\_\_\_

Are you intending to service any unregistered vehicles? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, how many? \_\_\_\_\_

Have you ever had a motor vehicle repair license suspended or revoked by this board?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If so, when? \_\_\_\_\_

For what reason? \_\_\_\_\_

Have you complied with MGL Chapter 152, Section 25A Workers Compensation Insurance as required?

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**(Attach copy of Workers Compensation Policy Declaration Page)**

Are all local real estate taxes, excise taxes and/or personal property taxes paid up to date?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

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**APPLICANT(s) SIGNATURE(s)**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Mailing Address – if different

\_\_\_\_\_  
Mailing Address – if different

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Cell Number

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

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**IMPORTANT**

Every question must be answered with full information. False statements herein may result in the rejection of your application or the subsequent revocation of your license if issued.



**TOWN OF WESTPORT**  
**Westport Town Hall**  
**856 Main Road, Westport, MA 02790**  
**Building Department**  
**Tel: 508-636-1035 or Fax 508-636-1032**

**NOTICE TO APPLICANT:**

The Board of Selectmen will require the following inspections to be completed as part of the application process. The following is the Building Department License Inspection Fee Schedule. The Building Inspector can be reached at 508-636-1035.

- |          |  |          |
|----------|--|----------|
| _____ A. | Building Inspection / Zoning Review  | \$ 50.00 |
|          | (This is for parking plan approval under the Zoning Bylaws; it does not include fees for permits and inspections that may be required) |          |
| _____ B. | Wiring Inspection  | \$ 50.00 |
| _____ C. | Plumbing Inspection  | \$ 50.00 |
| _____ D. | Gas Inspection   | \$ 50.00 |

Upon completion of the above checked items, the Building Inspector must sign off below.

\_\_\_\_\_  
Town of Westport Building Inspector

\_\_\_\_\_  
Date



THE COMMONWEALTH OF MASSACHUSETTS  
 TOWN OF WESTPORT  
 816 Main Road  
 Westport, MA 02790

Date: \_\_\_\_\_

ALL CLASS I, II, III AND IV LICENSE HOLDERS  
 LICENSED UNDER THE PROVISIONS OF  
 MA GENERAL LAWS CHAPTER 140, SECTIONS 57, 58, 59

TOWN OF WESTPORT GARAGE AND SERVICE STATION BY-LAWS

MEMORANDUM OF UNDERSTANDING

I, \_\_\_\_\_ D/B/A \_\_\_\_\_

\_\_\_\_\_  
 (address of establishment)

am the holder of a \_\_\_\_\_ and I hereby  
 (Type of License(s) Held)

understand and agree that I am not entitled to and will not perform any type of painting on any vehicle whether motorized or not, on the above premises unless I possess a **Repair License** that specifically allows for painting in an approved spray painting booth.

Further, I agree to abide by any conditions listed on my license(s), including acknowledgment that any limit which specifically states “total for Class II, Storage & Repair Licenses” indicates the total combined vehicle allowances for both licenses and includes employee’s, owner’s and service vehicles.

I also agree to properly contain and dispose of all waste oil and hazardous waste in accordance with DEQE regulations.

**Note: Class II License Holders:**

1. Do you maintain a Repair Facility on your premises? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If not, present a copy of an agreement with the Business who does your repair work in accordance with MA General Law Chapter 140, Section 58.

\_\_\_\_\_  
 (Name of Owner or Corporate Officer)

\_\_\_\_\_  
 (Witness)

TAX CERTIFICATION FORM

SECTION A

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under penalties of perjury that I have complied with all laws of the commonwealth relating to taxes.

\_\_\_\_\_  
\*Social Security Number or  
Federal Identification Number

\_\_\_\_\_  
\*\*Signature of Individual  
or Corporate Name

By: \_\_\_\_\_  
\*\*Corporate Officer (if applicable)

Date: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
(PLEASE PRINT)

STREET ADDRESS: \_\_\_\_\_

P.O.BOX NO: \_\_\_\_\_

CITY/STATE, ZIP CODE: \_\_\_\_\_

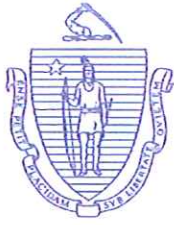
SECTION B

I also certify that I have, to the best of my knowledge and belief, paid all accounts receivable owed to the Town of Westport, MA including, but not limited to real and personal property taxes, motor vehicle excise taxes, parking fines, water and sewer user charges and other license/permit fees, emergency medical service charges, or other charges or fees.

\_\_\_\_\_  
\*\*Signature of Individual or Corporate Officer

\* 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. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of M.G.L. Ch. 62C, sec. 49A.

\*\* Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.



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

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
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.

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



### Licensing Check-off List

- \_\_\_\_\_ \$ 100.00 Hearing Fee – Check made payable to “Town of Westport”, if a hearing is required.
- \_\_\_\_\_ Engineered parking plan. \*Plan must be approved and signed off by the Building Inspector and the Fire Department. \*If there is no existing business on the property, the parking plan must go to the Planning Board for site plan approval.
- \_\_\_\_\_ Class I & Class II license applicants must submit a letter for repair work to be conducted off-site. (1<sup>st</sup> time applicant and renewals)
- \_\_\_\_\_ Class I license applicants must submit a letter from the manufacturer stating that dealership is an authorized agent to sell new products. (1<sup>st</sup> time applicant and renewals)
- \_\_\_\_\_ Class I, II and III license applicants are required to secure a \$25,000.00 Bond. (1<sup>st</sup> time applicant and renewals)
- \_\_\_\_\_ CORI Report (1<sup>st</sup> time applicants) - *Class I & II only*
- \_\_\_\_\_ If the property is leased or rented, a copy of the agreement must be submitted by the applicant or proof of ownership. (1<sup>st</sup> time applicant and renewals)
- \_\_\_\_\_ A copy of “Workers Comp Insurance” must be submitted, if applicable. (1<sup>st</sup> time applicant and renewals)
- \_\_\_\_\_ Repair License applicants must have a “Fire Inspection Report” conducted by the Fire Department. (1<sup>st</sup> time applicant and renewals)
- \_\_\_\_\_ Sign-off sheet from the Building Department. (1<sup>st</sup> time applicants)

Following the hearing, the applicant will be responsible for the cost of the license \$200.00 (if approved).

Should you have any questions, please feel free to contact this office at 508-636-1003.  
Diane Pelland, Administrative Asst/Confidential Clerk to the Board of Selectmen