



**Town of Braintree**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Drive  
Braintree, MA 02184  
Telephone: (781) 794-8151 Fax: (781) 794-8305

**REQUIREMENTS FOR A LIQUOR LICENSE**

1. ABCC Liquor License Application can be found on the ABCC Website ([www.mass.gov/abcc/locallicensing.htm](http://www.mass.gov/abcc/locallicensing.htm)) Under Licensing Division, select retail licenses, select either on-premise or off premise, then select new license applicants or existing licensees, download forms & applications. Fill in all the required forms with the requested supporting documents. (please note that there will be a checklist and application attachments sheet with the ABCC application - **everything on that ABCC checklist and the requested attachments must be submitted.**
2. Letter from applicant/attorney requesting approval from the Board of License Commissioners
3. Application for a Common Victualler License (N/A to Section 15 applicants)
4. Submit Floor Plan
5. Town of Braintree CORI Form (attach copy of government issued identification) for the proposed manager of record
6. Submit a DOR Certificate of Good Standing (see attached info for DOR Certificate of Good Standing Process)- **\*\* (APPLIES ONLY FOR A TRANSFER OF LICENSE - NOT A NEW LICENSE) and it's provided by the seller**
7. Worker's Compensation Affidavit - filled out, signed and dated as well as providing a Certificate of Insurance for same
8. DBA Certificate (if applicable) from the Town Clerk's Office upon approval of the license
9. Provide copy of alcohol server training certification for the proposed manager of record (Town of Braintree requires certification every 3 yrs) or provide letter showing that the manger of record has enrolled in an alcohol server training program
10. Submit the following checks:  
\$200 payable to the ABCC  
\$ 75 payable to the Town of Braintree
11. **Abutter's Information:** obtain list of abutters from the Engineering Dept (direct abutters and abutter's across the street from the DPW Engineering Office, 90 Pond St., and have the list certified by the Board of Assessor's, 1<sup>st</sup> Floor, at Town Hall, One JFK Memorial Dr. **Note: In addition, if a school, church, synagogue, or hospital is located within a radius of 500 ft of the premises** of the liquor-serving establishment, each must also be notified by Registered Mail.
12. **Hearing Notice:** (**Applicant responsible for advertising costs**) must be mailed **Certified Mail** (return receipt requested) by the applicant to the abutters within three (3) days of publication. Abutter's certified return receipts along with an Affidavit of Notice to Abutters must be submitted to the Licensing Office prior to the hearing.

**NOTE: \*\*APPLICATION MUST BE COMPLETE UPON SUBMISSION TO THE LICENSING OFFICE\*\***  
**BEFORE A HEARING DATE IS SCHEDULED\*\***

The Licensing Commission usually meets on the 2<sup>nd</sup> & 4<sup>th</sup> Tuesday of the month. Applicants MUST attend the meeting. Please allow at least 4 weeks to process the application. Please read the Town's Policy & Regulations for Liquor Licenses which can be found on ([www.braintree.ma.gov](http://www.braintree.ma.gov)). Upon approval of the Liquor License from the ABCC, a **Certificate of Liquor Liability Insurance** will be required before the license is issued.



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Annette McLaughlin, Licensing/Legal Assistant [amclaughlin@braintreema.gov](mailto:amclaughlin@braintreema.gov)

## APPLICATION FOR COMMON VICTUALLER LICENSE

Lic # \_\_\_\_\_ (do not fill in)

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

**(PLEASE PRINT THE FOLLOWING INFORMATION)**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ e-mail \_\_\_\_\_

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

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address for Renewal Applications/Licenses \_\_\_\_\_

\_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

\_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Name of Manager \_\_\_\_\_

Federal ID #: \_\_\_\_\_ or SS # \_\_\_\_\_

I, the undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge. Furthermore, I certify under the penalties of perjury, that all taxes, fees, and fines owned to the Commonwealth of Massachusetts and to the Town of Braintree have been paid:

\_\_\_\_\_  
Applicant's Signature



Joseph C. Sullivan  
Mayor

**TOWN OF BRAINTREE**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Drive  
Braintree, Massachusetts 02184  
Tel: 781-794-8151 Fax: 781-794-8128

**LICENSING BOARD**

Joseph F. Powers, Town Clerk, Chairman  
Mary E. McGrath, Dir Municipal Lic, Clerk  
Paul H. Frazier, Police Chief  
Kevin J. Murphy, Fire Chief  
Russell Forsberg, Inspector of Buildings

**Licensing/Legal Assistant**  
Annette M. McLaughlin

**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 Braintree Board of License Commissioners** 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 Braintree Board of License Commissioners 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 Braintree Board of License Commissioners with written notice of my intent to withdraw consent to a CORI check.

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

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SIGNATURE

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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 of Issue: \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Current and Former Addresses:

Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**⚡ NOTE: DO NOT COMPLETE THE INFORMATION BELOW**

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued identification:

- Massachusetts Driver's License
- Other \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

Name of Verifying employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee



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: BRAINTREE 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: Licensing Office Phone #: 781-794-8151

# 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)

# DOR Certificate of Good Standing Process

Go to [www.mass.gov/dor](http://www.mass.gov/dor)



**Mass.**  
The Official Website of the Department of Revenue (DOR)

**Department of Revenue**  
About DOR

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Tax Forms

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- ▶ Current Tax Info
- ▶ Registering, Filing and Reporting
- ▶ Programs & Services
- ▶ Help & Resources
- ▶ Bills, Notices and Audits

**Online Services**

- WebFile for Business
- New Hire Reporting
- Certificate of Good Standing**
- Payment Intercept Program
- Bank and Financial Institution Data Match Program

**Quick Links**

- DOR Directory
- Legal Library
- Firm Credit Information
- Wage and W-2 Information for Businesses
- Cigarette Stamp Validator Information
- Software Developers
- How Do Audits Work?
- News and Reports

**Select "Certificate of Good Standing"**

**Select "Businesses"**



Businesses come in all sizes — from large multinational corporations to sole proprietors. Whatever your size, the pages in this section have the information you need to take care of your tax obligations to the Commonwealth.

**Businesses: Check Out the New MA Business Portal!**  
It's the new one-stop [business portal](#) for information, tools, and more - all intended to help you succeed in the Commonwealth.



The Official Website of the Department of Revenue (DOR)

## Department of Revenue

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### Certificate of Good Standing

Corporations and other organizations often need proof that they are in good standing with the Commonwealth, i.e., that all tax liabilities have been met in order to obtain financing, sell their business, renew licenses or enter into other business transactions.

The fastest and easiest way to obtain a Certificate is via our [online application](#). Both taxpayers and authorized practitioners can use this program to obtain a Certificate within a few days. Before beginning this process, make sure that key authenticating data is readily available, including the entity's id number, a list of tax types filed with DOR and the dates when the entity was first required to collect and submit these taxes.

Once the applicant has been authenticated, a search will be made of our databases to identify any returns that need to be filed or bills that remain unpaid. Since this process takes up to 48 hours, users will be given an application number and asked to come back to the program in a couple of days. At that time, fully compliant taxpayers will be able to print a Certificate or request that it be mailed to the address of record. If bills are identified, an opportunity will be given to pay the amount owed via EFW. A Certificate will then be issued. Taxpayers with nonfiled Trustee tax returns (Sales, Meals, Withholding, Room Occupancy), can file and pay within the application and obtain their Certificate. Taxpayers with nonfiled Income and Corporate returns will be given instructions on how to file on paper and obtain a Certificate.

#### Please note:

Taxpayers responsible for certain taxes such as Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation will need to file a paper application. This [form](#) can be printed from this site. **Paper applications can take 4 to 6 weeks.**

Paper applications are also required in order to obtain a [Waiver of Corporate Tax lien](#).

Dissolutions Corporations have not been required to obtain a Certificate of Good Standing prior to a voluntary dissolution since March 1992.

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Select "Online Application"

Then follow the Department of Revenue Online Services, Certificate of Good Standing Website.

**Department of Revenue**  
Online Services

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[Go to WebFile for Business](#)  
[Exit the application](#)

## Certificate of Good Standing Web Site

Individuals and businesses may use this site to apply for a Certificate of Good Standing and/or Letter of Compliance. Please note: If the system identifies periods for which you have not filed tax returns or that you have unpaid liabilities, you will be given instructions on how to file and pay via this web site, WebFile for Business, or through an alternate method. You may only request one certificate at a time but will be allowed to print the certificate as many times as needed. Businesses filing with more than one ID number must remit a paper application and cannot use the online process.

Corporations applying for a Tax Lien Waiver must remit a paper application. LLCs and LLPs that file Partnership returns and are not responsible for any other taxes must remit a paper application. Please make your selection below and continue. For applicants returning to obtain their application results or applicants returning to re-print a previously issued certificate, you will need to have the application number that was emailed to you in order to login.

I would like to apply for a Certificate

I am returning for the results of my application

I would like to re-print a previously issued Certificate

**Continue**

**DOR Contact & FAQ Information**

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## Contact the Department of Revenue

If you need further assistance, please contact the Department of Revenue by emailing us or calling us at (617) 887-MDOR, or toll free in Massachusetts at (800) 392-6089.

[Go Back](#)

## Phone:

**617-887-MDOR**

**800-392-6089**

***Note: If there is not a valid DOR Certificate of Good Standing submitted with an application, the application will be disapproved on that basis alone and returned to the LLA.***