



# TOWN OF OXFORD

## BOARD OF SELECTMEN

325 Main Street  
Oxford, MA 01540  
Phone (508) 987-6027 ext. 6  
Fax (508) 987-3706  
[bos@oxfordma.us](mailto:bos@oxfordma.us)

### **COMMON VICTUALLER APPLICATION DIRECTIONS**

1. The applicant must write a "letter of intent" to the Zoning Enforcement Officer asking for approval. The letter must state the location of the intended business and the planned use of the license. The letter of intent may be mailed to Building Inspector, 325 Main Street, Oxford, MA 01540 or emailed to [building@oxfordma.us](mailto:building@oxfordma.us).
2. The applicant must schedule a time with the Building Department to meet with the Technical Review Committee and schedule a 110 Safety Inspection.
3. The applicant must obtain a Food Service Permit from Oxford's Board of Health.
4. The applicant must complete and return an application packet to the Selectmen's Office containing:
  - a. An Application for License form
  - b. Workers Compensation Affidavit
  - c. Proof of Worker's Compensation Insurance (if applicable)
  - d. No Taxes Due Form
  - e. Letter of Intent to the Zoning Enforcement Officer
  - f. A CORI Report (Applicant processes with the State and provides completed copy for the Selectmen's Office)
5. Once the Selectmen's Office has received a completed application packet and approval from the Technical Review Committee, the application can be scheduled as part of an upcoming Board of Selectmen's Meeting for final deliberation.
6. If approved, the applicant must pay the \$100.00 fee for the Common Victualler License. Once payment has been received and the applicant has successfully passed their 110 Safety Inspection, the Selectmen's Office will provide the Common Victualler License. The applicant may renew the license annually for \$50.00.



**TOWN OF OXFORD  
THE COMMONWEALTH OF MASSACHUSETTS**

**APPLICATION FOR LICENSE  
(General)**

# \_\_\_\_\_

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

**To the Licensing Authorities:**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto.

Full name of person, firm or corporation making application:

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

Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What type of license is being requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date(s) and Time(s): \_\_\_\_\_

Give location by street and number: \_\_\_\_\_

in the **Town of Oxford/North Oxford, MA**, in accordance with the rules and regulations made under authority of said Statutes.

I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the 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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\*\*Federal I.D. # or Social Security Number

\*This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or 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 Mass. G.L. c. 62C s.49A.

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

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Signature of Applicant

Hour: \_\_\_\_\_ a.m. / p.m.

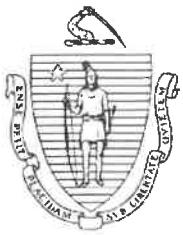
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Address

APPROVED: \_\_\_\_\_

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Date License was Granted: \_\_\_\_\_



**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
Lafayette City Center  
2 Avenue de Lafayette, Boston, MA 02111-1750  
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 § 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 (check 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**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE  
Fax (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



**TO THE APPLICANT:**

Please furnish the following information and return to the appropriate board, office, department, commission or division of the Town of Oxford (pursuant to Chapter 53, Section 1 through 5, General By-Laws, Town of Oxford):

**APPLICANT or  
PRINCIPLE OF ORGANIZATION:** \_\_\_\_\_

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

**PROPERTY  
OWNER:** \_\_\_\_\_

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

\*\*\*\*\*

**Board of Assessors:**

Property Location: \_\_\_\_\_

Please list parcel owned by above applicant:

Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

\_\_\_\_\_  
Assessor's Office

\_\_\_\_\_  
Date

\*\*\*\*\*

**Tax Collector:**

Tax Status: \_\_\_\_\_

Real Estate: \_\_\_\_\_

Personal Property Tax: \_\_\_\_\_

\_\_\_\_\_  
Treasurer/Collector's Office

\_\_\_\_\_  
Date



# TOWN OF OXFORD

## BOARD OF SELECTMEN

*Dennis E. Lamarche, Chairman*

*325 Main Street*

*Oxford, MA 01540*

*Phone (508) 987-6027 ext. 6*

*Fax (508) 987-6248*

*bos@town.oxford.ma.us*

## EMERGENCY BUSINESS CONTACT FORM

The information you provide will enable the Town of Oxford and Public Safety Departments to contact you or a representative of your business should a problem occur. Please complete this Form as accurately as possible. Thank you.

**IT IS IMPORTANT THAT YOU NOTIFY THE BOARD OF SELECTMEN'S OFFICE OF ANY CHANGES TO THIS INFORMATION.**

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TODAY'S DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

Order of persons in which to be contacted in the event of an emergency:

Contact Name	Address	Phone 1	Phone 2
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

After normal business hours does your business have:

Alarms  Lights  Security  Guard Dog

Does your business contain any materials or have any conditions that could be hazardous to Police or Fire Department personnel who may enter? If so, please explain: \_\_\_\_\_

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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



**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_  
(Organization)  
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 \_\_\_\_\_  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



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



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

*Print Name of Verifying Employee*

*Signature of Verifying Employee*

*Date*

## Terms and Conditions

By submitting a request for CORI using this form, the Requestor agrees to be bound by these terms and conditions and any and all other guidelines, disclaimers, rules, and privacy statements within this agreement, collectively referred to as "Terms and Conditions." All Terms and Conditions contained herein apply only to obtaining information from the DCJIS.

1. As referenced in these terms and conditions, the terms below shall have the following meanings:
  - a. CRA: Consumer Reporting Agency
  - b. CRRB: The Criminal Record Review Board
  - c. CORI: Criminal Offender Record Information
  - d. DCJIS: The Massachusetts Department of Criminal Justice Information Services
  - e. iCORI service: The internet-based service used to request and obtain CORI and self audits.
  - f. Requestor: A registered user of the iCORI service and any additional authorized users for the requestor's account. Requestor, as used in these terms, also includes Consumer Reporting Agency requestors. Requestor, as used in these terms, also includes any individual who requests or obtains CORI or a self-audit report from DCJIS using a paper form.
2. Obtaining CORI from DCJIS by using this form is subject to Massachusetts General Law and to Federal law, including, but not limited to, M.G.L. c.6, §§ 167-178B (the CORI Law), M.G.L. c. 66, § 10 (the Public Records Law), M.G.L. c. 266, § 120F (Unauthorized use of a computer), and any current or future laws applicable to the use of computer systems or personal information. The penalties for violations of these laws include both civil and criminal penalties.
3. A requestor may only request the level of CORI access authorized by statute or the DCJIS for the type of request being submitted. A requestor who submits a CORI request using an access level higher than that authorized for the type of request being submitted will be in violation of the CORI law and DCJIS regulations and may be subject to both civil and criminal penalties.
4. An individual or entity who knowingly requests, obtains, or attempts to obtain CORI or a self-audit from the DCJIS under false pretenses, or who knowingly communicates, or attempts to communicate, CORI to any individual or entity except in accordance with the CORI law and DCJIS regulations, or who knowingly falsifies CORI or any records relating thereto, or who requests or requires a person to provide a copy of his or her CORI except as authorized pursuant to M.G.L. c. 6, § 172, shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$5,000.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$50,000.00. In the case of such a violation involving juvenile delinquency records, an individual or entity shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$7,500.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$75,000.00.
5. Neither the DCJIS nor the CRRB shall be liable in any civil or criminal action due to any CORI or self-audit report that is disseminated by the DCJIS or the CRRB, including any information that is false, inaccurate, or incorrect, because it was erroneously entered by the court or the Office of the Commissioner of Probation.

6. CORI results are based on an exact match of the information provided by the requestor to information as it appears in the CORI database. Requestors are responsible for providing accurate information for the subject requested. In addition, it is the requestor's responsibility to compare the CORI or self-audit results received from the iCORI service to the subject's personal identifying information to ensure that the results match this information. The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's submission of inaccurate, incorrect, or incomplete subject information. Furthermore, NO REFUNDS of CORI fees will be provided because of data entry errors or other errors or omissions made by the requestor.
7. Each requestor who submits 5 or more background checks annually must have a written CORI policy. Each requestor is responsible for adopting its own CORI policy. The DCJIS publishes a model CORI policy on its website that may be adopted for use by requestors. If this requirement applies to a requestor, the requestor agrees that at the time of submission of any CORI request, it has adopted a CORI policy.
8. The requestor agrees that he/she has reviewed and understands all training materials regarding the CORI process and CORI requirements available from the DCJIS. Requestors are solely responsible for reviewing and understanding the training materials provided by the DCJIS.
9. Requestors who seek to receive the standard or required level of access to CORI for employment, housing, licensing, or volunteer purposes must ensure that the following are completed prior to submitting a CORI request:
  - a. Completion of a CORI Acknowledgement Form for each subject to be checked;
  - b. Verification of the identity of the subject using an acceptable form of government issued identification;
  - c. Obtaining the subject's signature on the CORI Acknowledgement Form;
  - d. Signing and dating the CORI Acknowledgement Form certifying that the subject was properly identified; and
  - e. Confirming that the requestor is in compliance with all applicable laws and regulations.
10. All requestors, including those that request CORI through a CRA, must comply with 803 C.M.R. 2.00 and, if applicable, 803 C.M.R. 5.00. In addition, CRAs are also responsible for ensuring compliance with the Fair Credit Reporting Act and with DCJIS regulation 803 CMR 11.00.
11. A requestor that uses CORI to commit a crime against, or to harass, another individual is subject to the criminal penalties set forth in M.G.L. c. 6, §178 ½, including imprisonment in a jail or house of correction for not more than one year and a fine of not more than \$5,000.00. The DCJIS and the CRRB disclaim any liability for the improper use or dissemination of information obtained through the iCORI service.
12. Requestors are subject to audit at any time by the DCJIS and may be asked to produce documentation to demonstrate compliance with these provisions and with DCJIS regulations (803 CMR 2.00-11.00 et seq.).

13. No information obtained from the iCORI service or from DCJIS personnel regarding use of the iCORI service shall be construed as legal advice.
14. The DCJIS reserves the right to alter, amend, or discontinue any feature of the iCORI service or the conditions of its use at any time. Any such changes will be announced on the iCORI service and/or the DCJIS website in advance. The user is subject to the terms of use in effect at the time of his/her agreement. The DCJIS and the CRRB shall not be liable for any damages associated with use of this site.
15. These Terms and Conditions are governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts and the laws of the United States, without giving effect to any principles of conflicts of law. If any provision of these Terms and Conditions is determined to be unlawful, void, or for any reason unenforceable, then that provision shall be considered void. The remaining provisions shall remain valid and enforceable.
16. By submitting a request for CORI to the DCJIS, I affirm that I have read and understand these Terms and Conditions. Further, I acknowledge, agree to, and am bound by, these Terms and Conditions, as well as by M.G.L. c. 6, §§ 167-178B, inclusive, and 803 CMR 2.00-11.00, inclusive.