

**TOWN OF DENNIS
LICENSING BOARD
APPLICATION FOR NEW LICENSE/PERMIT**



Establishment Name and DBA	
Manager Name:	
Premise Address:	
Mailing Address:	
Phone:	
Email:	
License(s) applying for:	

FEES

LICENSE TYPE	FEE
NEW APPLICATION FEE	\$100
All Alcohol License	\$2000
Wine and Malt Beverages	\$1500
Farmer Series Pouring Permit	\$500
TOTAL TOWN FEES (please make check payable to <i>TOWN OF DENNIS</i>)	

- Complete this cover sheet, the [ABCC RETAIL LICENSE APPLICATION](#), and Town of Dennis Workers Compensation and Tax Affidavit and necessary inspections.
- All retail license applications and accompanying forms must be signed by an authorized corporate officer, individual, or partner. Digital signatures are not accepted.
- File all forms with the Licensing Office at Dennis Town Hall with **\$100 new application fee only**. Additional fees will be collected after license is approved.

**AUTHORIZED
SIGNATURE** _____

DATE _____

Applicant / Legal Notice Name

Town of Dennis Liquor License Application Checklist

State Forms

- | | | |
|--|--|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of License Type | <input type="checkbox"/> Retail Alcoholic Beverage License Application Monetary Transition Form |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Category | <input type="checkbox"/> Application for Retail Alcoholic Beverages License |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Insurance/Transfer of Stock /New Stockholder | <input type="checkbox"/> Beneficial Interest |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Corporate Structure | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Collateral | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> CORI Check Form |
| <input type="checkbox"/> Change of Corporate Name | <input type="checkbox"/> ABCC Validation – Authorized Payment Confirmation | <input type="checkbox"/> Application Statement (enclosed) |
| <input type="checkbox"/> Change of Ownership Interests | | <input type="checkbox"/> Corporate Vote |
| <input type="checkbox"/> Change of Class
(Annual/Seasonal) | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Change of Hours | <input type="checkbox"/> Change of DBA | |

Supporting Documents

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporate Documentation | <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Proof of Right to Occupy Premises |
| <input type="checkbox"/> Business Structure | <input type="checkbox"/> Citizenship | <input type="checkbox"/> DOR Certificate of Good Standing |
| <input type="checkbox"/> LLC Articles of Organization | <input type="checkbox"/> Menu (enclosed) | <input type="checkbox"/> DUA Certificate of Compliance |
| <input type="checkbox"/> Partnership Agreement | <input type="checkbox"/> Business Layout (schematics enclosed) | |
| <input type="checkbox"/> Sole Proprietor | | |
| <input type="checkbox"/> IRS Documentation | | |

Establishment

- | | |
|--|----------------------|
| <input type="checkbox"/> Licensee Name | <input type="text"/> |
| <input type="checkbox"/> Business Name | <input type="text"/> |
| <input type="checkbox"/> Business Type | <input type="text"/> |
| <input type="checkbox"/> Owner | <input type="text"/> |
| <input type="checkbox"/> Manager | <input type="text"/> |
| <input type="checkbox"/> Hours | <input type="text"/> |

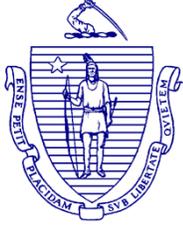
Additional Notes:

LICENSING

Weekday Live Entertainment (per activity)	\$100.00
Juke Box	\$75.00
Automatic Amusement Devices (per machine)	\$50.00
Pool Table	\$50.00
Bumper Cars	\$25.00
Go Carts	\$25.00
Batting Cages	\$50.00
Motion Picture (per screen)	\$50.00
Sunday Dancing 1pm-12midnight	\$100.00
Sunday Dancing Open prior to 1pm (12 midnight to 1pm Sunday)	\$100.00
Sunday Live Music 1pm-12midnight	\$100.00
Sunday Live Music Open prior to 1pm (12 midnight to 1pm Sunday)	\$100.00
One-day Liquor (for profit)	\$90.00
One-day Liquor (non-profit)	\$45.00
One-day Entertainment (for profit)	\$60.00
One-day Entertainment (non-profit)	\$30.00
Special Event	\$100.00
All Alcohol Common Victualler	\$2,000.00
All Alcohol Club	\$2,000.00
All Alcohol Inn	\$2,000.00
All Alcohol Package Store	\$2,000.00
Wine & Malt Restaurant	\$1,500.00
Wine & Malt Package Store	\$1,500.00
Licensing Application Filing Fee	\$100.00
Junk Dealer	\$50.00
Playhouse	\$50.00
Mini Golf	\$60.00
Auto Dealer Class I	\$150.00
Auto Dealer Class II	\$150.00
Auto Dealer Class III	\$300.00
Pouring Fee – Brewery/Winery	\$500.00
Film Permit	\$1,300.00
Access Over Town Property	\$1,300.00

See Appendix C for information on the legal basis of the Town's fee schedule.

*updated 09.10. 2025



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 #: _____

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."

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.

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 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



Town of Dennis
Licensing Department

685 Route 134, South Dennis, MA 02660 · Telephone: 508-760-6148 Fax: 508-394-8309

ATTESTATION OF TAXES

Pursuant to M.G.L Ch. 62C, Sec. 49A, 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.

I further certify that all Dennis Real and Personal taxes have been paid to the Town.

Social Security # or
Federal Identification #

Signature of Individual or
Corporate Officer

Date Signed

Corporate Name (if applicable)

* This license will not be issued unless the applicant signs this certificate clause.

** 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. Licenses who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This law request is made under the authority of *Massachusetts General Law, Chapter 62C, Section 49A.*



Notice of Required Inspection for Liquor License

In accordance with Chapter 304 of the Acts of 2004 (Fire Safety Act), every alcohol licensed establishment is required to post a Certificate of Inspection (COI) signed by the Building Official and the Fire Official. This certificate is required by the Department of Public Safety to ensure that all establishments have been inspected for general fire and life safety features. Yearly Inspections will be made by the Fire Department and Building Department and upon satisfactory inspections; the certificate will be signed by the Building Inspector and Fire Inspector. The Certificate of Inspection must be framed behind clear glass or laminated and posted near the main entrance of your establishment. The Certificate of Inspection is a pre-condition for the issuance of an Alcoholic Beverage License. The failure to provide a copy of the current signed Certificate of Inspection with your ABCC Renewal Application may result in the non-renewal of your license by operation of law without a hearing.

Outstanding fire or building code violations would prevent the building and fire department from signing the inspection certificate.

Please contact the Dennis Building Department (508-760-6157) and Dennis Fire Department (508-398-0363) to schedule your inspections.

As of September 16, 2020, the Town of Dennis has online permitting. Please go to the portal using the link: <https://dennisma-energovweb.tylerhost.net/apps/SelfService>.

Please create your user account and submit your application prior to your scheduled inspection. Inspections will not be completed by the Building Department without a complete application.

Fire Inspections will be done based on the requirements of MA Fire Prevention Regulations 527 CMR, certain National Fire Protection Agency Codes and MGL c 148. Building Inspections are based on MA Building Code 780 CMR.

State Regulations require the following documentation to be available at the time of the Inspection. (It is advisable to keep these documents in a binder readily accessible.)

- 1) COI application paid in full**
- 2) Floor plan of the building or tenancy and emergency plan.**
527 CMR – Chapter 10 and 20 Emergency Planning and Preparedness
- 3) Copy of Latest Fire Sprinkler Test (If sprinkler system present) Yearly test**
NFPA 25 5.1, 527 CMR 1

4) Copy of latest Fire Alarm Test Report (Yearly Test)

527 CMR – 10.2.5

5) Copy of Hood Fire Suppression System Test (Bi -Yearly Test)

527 CMR Chapter 50

6) Copies of Last Two Hood Cleaning and Inspection Report (Quarterly, Biannual or Annual depending on facility)

527 CMR Chapter 50, NFPA 96 11.4, 11.5, 11.6

7) Copy of annual Emergency Generator Test Report (If applicable)

527 CMR 11.7, NFPA 110

Certificates will not be issued without the above documentation.

A list of other inspection items is available on the Town of Dennis - Fire Department Web Site.

This posted list is not all inclusive. The brochures; “Fire Prevention in Restaurants”, “Emergency Evacuation Plan” “Fire Safety in Places of Public Assembly” and “Requirements for Crowd Managers” are published by the Department of Fire Services in Massachusetts and are available on line. These documents cover some of the applicable laws regarding places of assembly and restaurants.

Restaurants that are using the outside dining option will also be evaluated for tent structures, site layout, heating and temporary electrical use.