



Annual License Renewals

2020

This is the Annual Renewal packet from the Town of Sturbridge.
Enclosed are all of the documents you need to ensure
compliance with all local town Bylaws and Ordinances.

Packet Due: 1 October 2019

**Completed packets can be emailed to
licensing@town.sturbridge.ma.us**



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Staff Contact Information

If you have questions, comments or concerns about the Annual Renewal Packet, please feel free to contact the town using the information listed below.

Board of Health

- Erin Carson
 - Center Office Building, 301 Main Street
 - 508.347.2504
 - bohadmin@town.sturbridge.ma.us

Board of Selectmen

- Andrea Mensen
 - Town Hall, 308 Main Street
 - 508.347.2500 ext. 2
 - amensen@town.sturbridge.ma.us

Building Department

- Cindy Forgit
 - Center Office Building, 301 Main Street
 - 508.347.2505
 - cforgit@town.sturbridge.ma.us

Fire Department

- Kristen Strashein
 - Public Safety Complex, 346 Main Street
 - 508.347.2525 ext. 306
 - kstrashein@town.sturbridge.ma.us

For general questions, or if you are unsure who to ask, please contact Kevin Filchak, the Economic Development and Tourism Coordinator at 508.347.2500 ext. 1411 or by email at kfilchak@town.sturbridge.ma.us.



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Cover Page – Business Information

Please answer all questions completely and clearly

Establishment name	
Establishment address	
Mailing address (if different)	
Establishment phone	
Applicant name and title	
Business owner name and title (if different)	
Business owner address	
Person responsible for daily operations (PIC)	
PIC phone	
PIC email	
District or Regional Manager (if applicable)	
District or Regional Manager Phone	
District or Regional Manager Email	

Water source (circle one)	Public Water	Private Well
Means of sewage disposal	Public Sewer	Private Septic
Number of buildings		
Number of units		
Fire escape (Yes/No/NA)		
Business or Establishment Name to appear on Certificate/Permit		



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Owner of building (if different than applicant)			
Owner of building phone number			
Owner's email address (REQUIRED)			
Days and hours of operation			
Dates of operation if not annual			
Is food served?	Yes	No	
	If yes how many times per day?		
Person in charge certified in Food Protection Management			
Allergen training	Yes	No	
Person trained in anti-choking procedures	Yes	No	
Grease trap	Indoor	Outdoor	None

Federal Tax ID # or Social Security #	
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Pursuant to MGL Ch. 63C, 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 state taxes required under law.

I, the undersigned, attest to the accuracy of the information provided in the application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant

Signature of Corporate Officer (if applicable)

Date

Date



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Emergency Contact Information

Please note: In an emergency the town will do our best to reach you. The more information that you can provide to the town, the more likely we will be able to contact you during an emergency. There is a comment / notes section on this application, please use this section to add information that is specific to your establishment.

Establishment name	
Establishment address	
Establishment phone number	
Establishment fax number	
Establishment email	

Owner name		
Contact Information	Number	Ranked
Home phone		
Email		
Cell phone		
Other		

Please rank the above with the 1st, 2nd and 3rd best means of contact.

Alternate/Secondary Contact		
Contact Information	Number	Ranked
Home phone		
Email		
Cell phone		
Other		

Please rank the above with the 1st, 2nd and 3rd best means of contact.

Approximately how long does it take you to get to your establishment from home? If necessary, do you have an alternate person(s) who lives closer we could contact? If so please provide their name and phone number.

Do you currently have any emergency procedures in place for your establishment? YES NO



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If yes please explain in detail.

What procedures do you follow when receiving produce? (I.e. checking package integrity, temperature verification). Please feel free to attach a copy of a written plan if you have one, otherwise please describe below.

Please add any additional comments / notes for your establishment you feel the town should be made aware of.

Signature of Establishment Owner

Date



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Retail Tobacco Sales Permit Agreement Form

Questions can be directed to the Board of Health

This form must be signed by the owner/operator of the establishment applying to the Sturbridge Board of Health for a Retail Tobacco Sales Permit. No permit shall be issued until this form has been signed.

- 1) I have read and understand all subsections of the Board of Health's Regulations Affecting Smoking Youth Access to Tobacco, and I understand that this permit must be renewed annually.
- 2) I understand that it is against the law to sell cigarettes or any tobacco product to anyone less than 21 years of age, regardless of how old the person looks.
- 3) I understand that the Board of Health's regulations require that anyone selling tobacco products to conclusively establish a customer's age. This means that the clerk must ask for and see identification proving the person is at least 21 years of age.
- 4) I understand that the Board of Health's regulations require the owner/operator of any establishment to control the sale of tobacco products. This means that I will train my employees to conduct tobacco sales in a legal manner.
- 5) I understand that the Board of Health or its designees will conduct regular, unannounced compliance checks of my business to ensure that neither I, nor my employees, are selling tobacco products to minors. This means that:
 - a. The Board of Health will send minors into my business to attempt the purchase of tobacco.
 - b. These minors may or may not look 21 years of age.
 - c. These minors will state their correct age if asked.
- 6) I understand that, based on the results of such compliance checks, the penalties specified in the tobacco sales regulations will be enforced, that is:
 - a. The Board of Health will issue a fine of \$100 the first time, I or any employee of my business, sells tobacco to a minor.
 - b. The Board of Health will issue a fine of \$200 the second time, I or any employee of my business, sells tobacco to a minor within one year of the first violation.
 - c. I will be fined up to \$300 and my permit will be suspended for 30 days the third time I, or any employee of my business, sells tobacco to a minor within one year of the first violation.



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- 7) I understand that the Board of Health's regulations prohibit the sale of single cigarettes ('loosies'). If I or any employee of my business is caught selling single cigarettes to a minor, penalties specified in #6 above will be enforced.

By signing this form, I acknowledge that I have read and understand all of the above statements and the Sturbridge Tobacco Regulations. I further understand that failure to abide by these conditions may jeopardize my Retail Tobacco Sales Permit.

Business Name

Signature

Title

Date



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Application Permit to Operate a Private Wastewater Treatment Plant

Questions can be directed to the Board of Health

Date	
Name of Establishment	
Business Address	
Mailing Address (if different)	
Establishment Phone	
Establishment Fax	
Name and Title of Applicant	
Address of Applicant	
Name of Owner (if different)	

If a corporation or partnership, give name, title and home address of offices or partners. If not please continue to next section.

Name	
Title	
Address	
State of Incorporation	
Name and Address of Local Agent	

Dates of Operation if not annual	
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Type of Treatment	
Water Source	
# of Units or Sites	
Daily capacity of system	
Name of Operator*	
Address of Operator	
Phone of Operator	
Fax number of Operator	
24/7 Phone number for operator	
Frequency of operation and maintenance inspections	



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Frequency and type of lab testing on wastewater	
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* Attach a copy of Wastewater Treatment Plant Operator's State Certification.

Social Security Number OR Federal Identification Number	
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Pursuant to M.G.L. Ch. 62C §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.

Signature of Individual or Corporate Name

Date



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Application for Swimming Pools

Questions can be directed to the Board of Health

Please note: if you have multiple pools, please fill out this form for each pool.

Name of Pool					
Location or Address					
Phone Number at Pool					
Fax Number					
Email					
Certified Pool Operator (attach certifications)					
Phone Number of Operator					
Hours Open:		AM	to		PM
Estimated average daily attendance					
Pool Dimensions	Length:		Width:		Total Gallons:
Total depth	Shallow end total:		Deep end total:		
Maximum bather load (persons)					
Water source					
Sewage disposal source					
Duration of season					
Method of water treatment					
Chemical sanitizer used					
Number of Lifeguards					
Name, mailing address and phone number of owner					

Agreement

The undersigned agrees to operate the aforementioned pool in accordance with the Regulations of the Massachusetts Department of Public Health, 105 CMR 435.00, and the Sturbridge Board of Health Swimming Pool Rules and Regulations. The undersigned further agrees not to place this pool in operation until a license to operate said pool has been issued by the Sturbridge Board of Health. **Bacterial testing (coliform and pseudomonas) is required annually pursuant to 105 CMR 435.28 prior to issuance of a pool permit.**



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All permits shall expire 31 December, following the date of issue and may be revoked at any time by the Board of Health. Applications for a permit shall be made to the Board of Health at least 15 days before the opening.

Name	Date
Pool plan review attached, first time applicant	<input type="checkbox"/>
N/A, for renewal	<input type="checkbox"/>



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Automatic Amusement Device License Form

Questions can be directed to the Board of Selectmen

MGL chapter 140, Section 177a

Automatic amusement devices licensed under this section shall be so installed on the premises described in the license as to be in open view at all times while in operation and shall at all times be available for inspection. Any violation of any provision of this section or the Chapter 136 of the General Laws, by any person managing or controlling any premises where an automatic amusement device licensed under this section is kept or offered for operation, shall be cause for the revocation of all licenses for automatic amusement devices kept or offered for operation on such premise.

Devices

Description of each amusement device at this location (each machine must be listed)	
Total number of amusements at this location	
Do you have live entertainment on premises? If yes please describe.	
Do you allow 'Bring Your Own Bottle' (BYOB) at this establishment? If yes, please describe area where alcoholic beverage consumption will be allowed	

Responsible Manager	
Phone	

Note: The applicant/licensee acknowledges and agrees to participation in any Sturbridge Police Department 'sting' operation as conducted for establishments licensed to serve alcohol. Applicants/licensee agrees that on-site manager shall be at least 18 years of age.



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Application for Taxicab/Livery License

Questions can be directed to the Board of Selectmen

Vehicle Information

Description of Proposed Vehicles, including Make, Model and Age:

Vehicle 1	
Vehicle 2	
Vehicle 3	
Vehicle 4	

(Attach a copy of the registration for each vehicle and a copy of the insurance certification for each vehicle)

Driver Information

Attach a copy of current, valid Massachusetts Operator's License

Driver 1 Name	
Address	
List previous experience operating a vehicle for hire	
List convictions or guilty pleas to criminal offenses	
List any traffic violations for the prior two years	

Please use the back of the form for additional vehicles or Drivers.

Approval of the Chief of Police	
Approved	
Denied	
Date	



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Additional Driver / Vehicle Information

Vehicle 5	
Vehicle 6	
Vehicle 7	
Vehicle 8	

Driver 2 Name	
Address	
List previous experience operating a vehicle for hire	
List convictions or guilty pleas to criminal offenses	
List any traffic violations for the prior two years	

Driver 3 Name	
Address	
List previous experience operating a vehicle for hire	
List convictions or guilty pleas to criminal offenses	
List any traffic violations for the prior two years	

Driver 4 Name	
Address	
List previous experience operating a vehicle for hire	
List convictions or guilty pleas to criminal offenses	
List any traffic violations for the prior two years	



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Building Department 110 Periodic Inspection Checklist for Business Owners

Questions can be directed to the Building Department

Structural items

- **All Structural & Associated Components:** For example, foundation, roof, walls, support members, stairs, sidewalks, etc. are to be maintained in a safe and in sound condition
- **Buildings:** Are to be maintained in compliance with the Massachusetts Board of Fire Prevention Regulations and the Massachusetts State Building Code
- **Required Occupancy Separations:** Are provided and maintained. Examples are dwelling unit/corridor, unit/unit, commercial/commercial or residential/commercial separation
- **Guardrails & Handrails:** Are to be maintained in a safe and in sound condition
 - **Handrails:** Are required for stairs with three (3) or more risers or as required by the Massachusetts State Building Code
 - **Guardrails:** Are required for walkway areas with adjacent drop off exceeding thirty inches (30")

Maintenance Items

- **All doors and hardware:** to be maintained in good and functional condition
- **All windows and hardware:** to be maintained in good and functional condition
- **All interior walls, ceilings, floors and other interior public and service areas:** to be maintained in a safe and sanitary condition
- **Chimney and flue piping:** must be properly installed and maintained

Egress

- **Every means of egress:** to be maintained in good condition and free of any obstructions
- **Escape/Rescue openings:** as required are provided and maintained
- **Exit signs:** as required are provided and maintained in good working condition
- **Emergency egress lighting:** as required are provided and maintained in good working order
- **Fire doors:** as required are maintained, self-closing and self-latching
- **Assessable parking spaces and routes:** as required are clear and maintained in good condition

Mechanical/Plumbing/Electrical

- **Electrical:** any electrical hazards from overloading, poor condition, inadequate insulation or improper fusing must be resolved
- **Fixtures and Equipment:** are to be maintained as manufactured; no unapproved extension cores, multi-plug or adaptors
- **Plumbing:** system fixtures, supply piping and drainage piping are to be installed and maintained in good and sanitary condition
- **Gas:** piping and appliance are to be properly installed and safely maintained
- **Heating/Cooling equipment:** to be properly installed and safely maintained



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- **Mechanical rooms and electrical service rooms:** to be maintained free of excess combustible storage; three foot (3') clearance must be maintained in front of electrical panels and disconnects
- **Public toilets:** to be maintained in accordance with Architectural Access Board regulations

Fire Safety

- **Fire protection systems:** all fire extinguishing devices and early warning fire protection systems are properly installed and maintained in good working condition
- **Smoke alarms:** must be installed per manufacture's instruction and as required by Codes; for example, common areas in dwelling units: each floor, each bedroom and hallways leading to bedrooms)
- **Fire extinguishers:**
 - Must be fully charged
 - Currently inspected (2A-10BC is the minimum size)
 - Mounted in accessible locations as per Building and Fire Codes
- **Fire alarm test:** required annual Fire Alarm Test and Maintenance form must be submitted to the Fire Department for review
- **Automatic Sprinkler System:** annual test and maintenance form must be submitted to Fire Department for review