



TOWN OF PLYMOUTH

Department of Public Works
 11 Lincoln Street
 Plymouth, Massachusetts 02360
 Phone (508) 747-1620 Ex.120
 FAX (508) 830-4081

License Number _____

Date Issued _____

Expiration Date _____

UTILITY CONTRACTOR'S LICENSE APPLICATION

APPLICATION MUST BE FULLY COMPLETED, PRIOR TO CONSIDERATION - FIVE (5) BUSINESS DAYS REQUIRED FOR PROCESSING

Name of Applicant			Phone () -
Company			Cell () -
Street Address			Night () -
Town	MA	ZIP	Emerg. () -
Other Contact		LICENSE Fee Received No () Yes ()	
Comments		Contractor's License N/A () Yes ()	
Insurance Certificate #		Policy Expiration Date	
Surety		Surety Expiration Date	
Brief Description of Company			
Name of Competent Person (as defined by 520 CMR 14.00):			
Massachusetts Hoisting License #		Expiration Date:	
License Grade:			
Company Type General Contractor () Excavation () Paving () Other ()			
NOTE: Your Company name will be published on the Town's Web page under Licensed Contractors			

License Status - First time () Renewal () Appying after License was Revoked ()

BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES AND CERTIFY THAT HE/SHE IS FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR14.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND SHE/HE COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED APPLICANT AGREES TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT AGREES TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT

OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE

_____ **DATE** _____

For Town use -- Do not write in this section	
LICENSE APPROVED BY	\$150.00 Application Fee
Title Date	
CONDITIONS OF APPROVAL	

**CERTIFICATION OF COMPLIANCE WITH THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS GOVERNING
REVENUE COLLECTION**

Pursuant to M.G.L.C. 40 Section 57, I hereby certify under the pain and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein, have complied with the Laws of the Commonwealth of Massachusetts and accepted by the Town of Plymouth regarding payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind.

Type of Business - Proprietorship () Partnership () Corporation () Trust ()

Please fill in the appropriate information below:

Name of Owner _____

Business Address _____

Home Address _____

Business Phone _____ 24 Hour Phone _____

Full Legal Name _____

State of Incorporation _____ Principal Place of Business _____

Place of Business in Massachusetts _____

Officers of Corporation or Trust

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Beneficiaries if a Trust

Dated this _____ Day of _____, 20 ____

Dated this _____ Day of _____, 20 ____ Federal I.D. No. _____

By _____ Title _____ Address _____

**UTILITY CONTRACTOR'S LICENSE
STATEMENT OF COMPLIANCE WITH WORKERS COMPENSATION ACT**

Massachusetts General Laws, Chapter 152, requires employer to provide Worker's Compensation Insurance for employees. Applicants must demonstrate compliance with Chapter 152 or provide a statement of inapplicability.

Please check the appropriate statements, providing additional information where necessary, and sign below:

Applicant is in compliance with Massachusetts General Laws relative to providing Worker's Compensation Insurance for employees. A Certificate of Insurance or a License as a Self-Insurer is available for inspection.

Applicant is not required to provide Worker's Compensation Insurance for the following reasons:

I certify that the above statement is true and correct under the pains and penalties of perjury dated this _____ Day of _____, 20 ____

Business Name

by,

Signature

Title (if any)

**CERTIFICATION OF COMPLIANCE WITH THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF REVENUE**

I certify under the pains and penalties of perjury that I, to my best knowledge and belief,
have filed all state tax returns and paid all state taxes as required under law

Dated this _____ Day of _____, 20 ____

Business Name

by,

Signature

Title (if any)

Federal Identification Number
M.G.L., Chapter 62C, Section 49A

**NOTE: UTILITY CONTRACTOR'S LICENSE WILL NOT BE ISSUED UNLESS
THESE CERTIFICATIONS /STATEMENTS OF COMPLIANCE ARE
COMPLETED AND SIGNED BY THE APPLICANT**