



TOWN OF PLYMOUTH

26 Court Street
Plymouth, Massachusetts 02360
(508) 747-1620

APPLICATION FOR PAWNBROKER LICENSE

Fee: \$100.00

The undersigned hereby makes application for a Pawnbroker License:

Applicant Name: _____
Date: _____
Email Address: _____
Business Name: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____
Owner's Name: _____
Restrictions: _____

Signature: _____ Date: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 (Mandatory)*

by: Corporate Officer (Mandatory, if applicable)

Social Security # (Voluntary)**

or

Federal Identification Number

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

**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. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or evocation. This request is made under the authority of MA G.L. c 62C s. 49A.



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

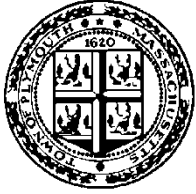
Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (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 PLYMOUTH
POLICE DEPARTMENT

Form GO 112-1

Application for Civil Fingerprint-Based
Criminal Background Check

****To be completed by Applicant and brought to the Plymouth Police Station****

Date of Application _____

Company Information

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Municipal License (check appropriate box)

- Hawking and Peddling or other Door-to-Door Salespeople
- Manager of Alcoholic Beverage Licensed Establishment
- Dealer of Second-hand Articles (including Junk Dealers, Collectors, and Pawn Dealers)
- Fortune Teller
- Hackney and Livery Drivers and Owners or Operators of other Conveyors of Passengers
- Ice Cream Truck Vendor

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell/Work Phone #: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Applicant signature for consent to submit fingerprints: _____

FOR POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Documentation Checklist

PPD Case #: _____

- Copy of photo ID (Valid Driver's License, MA ID, Passport, Military ID)
- Check payable to Town of Plymouth for \$70.00
- Check payable to Commonwealth of MA for \$30.00
- Applicant advised that fingerprints will be used to obtain criminal history records
- Fingerprints obtained
- Digital Photo obtained

Officer Signature: _____

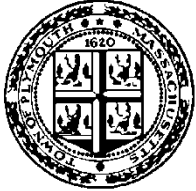
Printed Name of Officer: _____ ID#: _____

Administrative Use Only

- Application Recommended for Approval
- Application **NOT** Recommended for Approval

Signature of Chief of Police: _____

Form GO 112-1 (rev. 6/22). This form replaces all previous Application for Civil Fingerprint-Based Criminal Background Check, **which may not be used.**



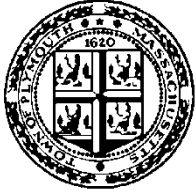
TOWN OF PLYMOUTH
POLICE DEPARTMENT

Form GO 112-1

Application for Civil Fingerprint-Based
Criminal Background Check

Civil Fingerprinting-Based Criminal History Check Applicant Procedures

- Applicants seeking a municipal license for which civil fingerprinting is required shall submit a full set of fingerprints to be taken by the Plymouth Police Department in accordance with M.G.L. c. 6, S 172B ½, and Chapter 72-4 of the By-Laws of the Town of Plymouth.
- Licensing Applicants must contact the Plymouth Police Department to arrange an appointment for a Plymouth Police Officer to collect the applicant's fingerprints and photograph. Licensing Applicants should make appointments by contacting:
 - **Detective Sergeant Anthony DiAngelo at (508) 830-4218 x233**
or (if unavailable)
 - **Detective Lieutenant Michael Glowka at (508) 830-4218 x236**
- Licensing Applicants need to bring the following to the appointment:
 - Valid photo identification (Driver's License, State issued ID card, Passport, Military ID)
 - Statutory and Municipal fees in the form of 2 separate bank checks or money orders:
 - \$30 payable to "Commonwealth of Mass"
 - \$70 payable to "Town of Plymouth"
 - Completed Plymouth Police Department Form GO 112-1 "Application for Civil Fingerprint-Based Criminal Background Check." The Licensing Applicant must sign the form to consent to the collection and submission of his/her fingerprints. This form will be retained for at least 1 year, but for no longer than 3 years.
- The applicant's fingerprints will be submitted to search criminal history records using the Automated Fingerprint Identification System (AFIS) which is maintained by the Massachusetts State Police and the Federal Bureau of Investigation's (FBI) Integrated Automated Fingerprint Identification System (IAFIS) fingerprint database.
- Upon receipt of the appropriate fees and documentation, the Plymouth Police Department will transmit the fingerprints to the Identification Section of the Mass. State Police, the Mass. Department of Criminal Justice Information Services (CJIS), and/or the Federal Bureau of Investigation (FBI).
- Results of the fingerprint-based criminal record background checks will be sent to a designated secure website managed by the Massachusetts Dept. of Criminal Justice Information Services (DCJIS) and will be only accessed by the Chief of Police and/or the Chief of Police's designee.



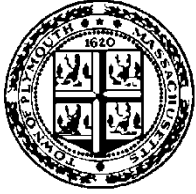
TOWN OF PLYMOUTH
POLICE DEPARTMENT

Form GO 112-1

Application for Civil Fingerprint-Based
Criminal Background Check

Civil Fingerprinting-Based Criminal History Check Applicant Rights

- Applicants will be afforded the opportunity to meet with the Police Background Investigator.
- Any Applicant, upon request, will be provided with a copy of the results of his/her fingerprint-based criminal background check.
- Applicants will have the opportunity to provide additional information to, or challenge the accuracy of, the information contained in the background check, including in the FBI identification record prior to rendering a suitability evaluation. (See U.S. Code of Regulations, 28 C.F.R. Part 16.34)
- Should the record subject seek to amend or correct his/her record, he/she must take appropriate action to correct said record, which action currently includes contacting the Massachusetts Department of Criminal Justice Information Services (DCJIS) for a state record or the FBI for records from other jurisdictions maintained in its file. An applicant who wants to challenge the accuracy or completeness of the record shall be advised that the procedures to change, correct, or update the record are set forth in U.S. Code of Regulations, Title 28 C.F.R. 16.34.



TOWN OF PLYMOUTH
POLICE DEPARTMENT
Form GO 112-1
Application for Civil Fingerprint-Based
Criminal Background Check

U.S. Code of Regulations, 28 C.F.R. Part 16.34

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an identification record requests production of that record to review it or to obtain a change, correction, or updating of that record.

§ 16.31 - Definition of identification record.

An FBI identification record, often referred to as a "rap sheet," is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an identification record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an identification record.

§ 16.32 - Procedure to obtain an identification record.

The subject of an identification record may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-in-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

§ 16.33 - Fee for production of identification record.

Each written request for production of an identification record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each identification record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the identification record and shall include a claim and proof of indigency. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the Federal Register.

§ 16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

Form GO 112-1 (rev. 6/221). This form replaces all previous Application for Civil Fingerprint-Based Criminal Background Check, **which may not be used.**