



**Town of Braintree**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Drive  
Braintree, MA 02184  
Telephone: (781) 794-8151 Fax: (781) 794-8128

## **REQUIREMENTS FOR FLAMMABLE STORAGE LICENSE**

**Fee:** \$75 filing fee; license fee (based on storage capacity)

- 1. APPLICATION FORM – (filled out and signed off by the Fire Department)**
- 2. WORKERS' COMPENSATION AFFIDAVIT & CERTIFICATE OF INSURANCE**  
Complete WC Affidavit and attach a copy of the Certificate of Insurance
- 3. LETTER OF INTRODUCTION ADDRESSED TO THE BOARD OF LICENSE COMMISSIONERS**  
(e.g background on applicant, operate similar business in other cities/towns, applicant's intentions for operating a business in Braintree, etc)
- 4. SUBMIT PLAN SHOWING THE LAYOUT**
- 5. CORPORATION**
  - Obtain Certificate of Good Standing (Commonwealth of MA – Secretary of State's Office)
  - Obtain Copy of Articles or Organization (Commonwealth of MA – Secretary of State's Office)
- 6. LIMITED LIABILITY COMPANY (LLC)**
  - Obtain Certificate of Organization (Commonwealth of MA – Secretary of State's Office)
  - Obtain Certificate of Good Standing (Commonwealth of MA – Secretary of State's Office)
  - Copy of Operating Agreement
- 7. BUSINESS CERTIFICATE**  
Obtainable from the Town Clerk's Office
- 8. PUBLIC HEARING NOTICE & ABUTTER NOTIFICATION**  
**(applicant responsible for advertising costs)**  
You must obtain a list of direct abutters to the property as well as abutters directly across the street from the DPW Engineering Division, 90 Pond St and have this list certified by the Board of Assessors, 1st Floor, Town Hall, One JFK Memorial Dr. Newspaper notice must be published at least 10 days prior to the hearing. Within three (3) days after publication, mail the "Notice of Public Hearing" certified mail to all abutters. Prior to the hearing, submit the abutter's certified return receipts along with a "Signed Affidavit" stating the date notices were mailed
- 9. CONTACT** Melissa Santucci Rozzi, Principal Planner, Planning & Community Development Dept, (781) 794-8234) or e-mail her at [msantucci@braintreema.gov](mailto:msantucci@braintreema.gov) to inquire if a Special Permit is required for this location (The Planning Department is located at 90 Pond St., 2<sup>nd</sup> Floor)

**NOTE: \*\* APPLICATION MUST BE COMPLETE UPON SUBMISSION TO THE LICENSING OFFICE \*\*  
BEFORE A HEARING DATE IS SCHEDULED\*\***

The Licensing Commission meets on the 2<sup>nd</sup> & 4<sup>th</sup> Tuesday of the month. Applicants **MUST** attend the meeting. Please allow at least 4 weeks to process the application



FP-2A  
(Rev. 04-2010)

The Commonwealth of Massachusetts  
City/Town of \_\_\_\_\_

**Application For License**

Massachusetts General Law, Chapter 148 §13

New License     Amended License

GIS Coordinates
_____
LAT.
_____
LONG.
_____
License Number
_____

Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

Location of Land: \_\_\_\_\_  
Number, Street and Assessor's Map and Parcel ID

Attach a plot plan of the property indicating the location of property lines and all buildings or structures.

Owner of Land: \_\_\_\_\_

Address of Land Owner: \_\_\_\_\_

Use and Occupancy of Buildings and Structures: \_\_\_\_\_

If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendments

\_\_\_\_\_ Attach a copy of the current license

**Flammable and Combustible Liquids, Flammable Gases and Solids**

Complete this section for the storage of flammable and combustible liquids, solids, and gases; see 527 CMR 14; Attach additional pages if needed. All tanks and containers are considered full for the purposes of licensing and permitting.

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, Cubic feet	CONTAINER UST, AST, IBC, drums
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total quantity of all flammable liquids to be stored: \_\_\_\_\_  
Total quantity of all combustible liquids to be stored: \_\_\_\_\_  
Total quantity of all flammable gases to be stored: \_\_\_\_\_  
Total quantity of all flammable solids to be stored: \_\_\_\_\_

**LP-gas** (Complete this section for the storage of LP-gas or propane)

Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. (See 527 CMR 6)

❖ Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: \_\_\_\_\_

List sizes and capacities of all aboveground containers used for storage: \_\_\_\_\_  
\_\_\_\_\_

❖ Maximum quantity (in gallons) of LP-gas to be stored in underground containers: \_\_\_\_\_

List sizes and capacities of all underground containers used for storage: \_\_\_\_\_  
\_\_\_\_\_

Total aggregate quantity of all LP-gas to be stored: \_\_\_\_\_

**Fireworks** (Complete this section for the storage of fireworks)

Indicate classes of fireworks to be stored and maximum quantity of each class. (See 527 CMR 2)

❖ Maximum amount (in pounds) of Class 1.3G: \_\_\_\_\_ Type/class of magazine used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.4G: \_\_\_\_\_ Type/class of magazine used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.4: \_\_\_\_\_ Type/class of magazine used for storage: \_\_\_\_\_

Total aggregate quantity of all classes of fireworks to be stored: \_\_\_\_\_

**Explosives** (Complete this section for the storage of explosives)

Indicate classes of explosive to be stored and maximum quantity of each class. (See 527 CMR 13)

❖ Maximum amount (in pounds) of Class 1.1: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.2: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.3: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.4: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.5: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class 1.6: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

I, \_\_\_\_\_, hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_

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*Fire Department Use Only*

I, \_\_\_\_\_, Head of the \_\_\_\_\_ Fire Department endorse this application with my

Approval  Disapproval

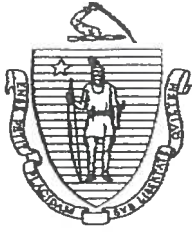
Signature of Head of the Fire Department

Date

Recommendations: \_\_\_\_\_

**FLAMMABLE STORAGE PERMIT FEES**

Storage Capacity	License (1st Year)	Registration Fee (Subsequent Years)
Under 5,000 Gallons	\$200	\$100
5,001 - 50,000 Gallons	\$400	\$200
Over 50,000 Gallons	\$4 per 10,000 gallons	\$2 per 10,000 gallons



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 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 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: BRAINTREE 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: Licensing Office Phone #: 781-794-8151

# 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  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)