nonrefundable

Cultivation Facility for Personal Caregiver Medical Marijuana

Initial Permit Fee: $500.00

Annual Fee at Renewal will be: $100.00
Calendar year

Office of the
BOARD OF HEALTH
13 East Central Street
Natick, MA 01760
Telephone (508) 647-6460 Fax (508) 647-6466

APPLICATION FOR ANNUAL PERMIT

Date:_____

To the Licensing Authorities:
The undersigned hereby applies for a License in accordance with the provision of the Statute relating thereto

_____
Print Full Name of Applicant

_____
Print Location of Cultivation

PURPOSE FOR WHICH LICENSE IS REQUESTED:

TO OPERATE A PERSONAL CAREGIVER CULTIVATION FACILITY
FOR MEDICAL MARIJUANA FOR A
REGISTERED QUALIFYING MEDICAL MARIJUANA PATIENT
PURSUANT TO THE RULES AND REGULATIONS OF THE TOWN OF NATICK

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 (Mandatory)

_____
S.S.# (Voluntary)

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY APPLICANT

Your S. S. # 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 request is made under the authority of Mass. G.L. c. 62C s. 49A.

_____
Signature of applicant

Home Address _____

Mailing Address if different than above _____

Email address Cell Phone Home Phone

Cultivation Facility for Personal Caregiver of Medical Marijuana Application continued:

Applicant Name: Date:

Check for application fee payable to Town of Natick	
Certified copy of birth certificate or equivalent (must be at least 21 years of age)	
Copy of Chapter 25 given to applicant	
Proof of MA Dept. of Public Health Registration	
Current Personal Caregiver Cultivator Permit for Town of Natick	
Copy of documents provided to MA DPH as outlined in 105 CMR 725.020(A)	
Fully inclusive estimate of cost associate with removal/closure/clean-up prepared by qualified Hazardous Waste Remediation Contractor	
Non-cancellable surety bond or other form of surety. Type and amount to be approved by BOH.	
Written consent to cultivate medical marijuana within the residential structure in said property from the property owner	

AUTHORIZATION: READ and SIGN:

I have received, read and agree to abide by:
Natick Board of Health Regulations Governing the Sale of Medical Marijuana
Ma Dept. Public Health Regulations on Medical Marijuana
Applicable State Building Code

By signing this, I declare under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this, I understand that establishments and permit holders are subject to inspections by the Department or its authorized agent(s) during all times of operation. I understand that failure to abide by these Regulations may result in revocation of my permit.

Applicant Signature Date

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 § 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 (check 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 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.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia