

Appendix U

Driver's ID# _____
For Official Use Only

Town of Canton Hackney License Application

___ New Application
Renewal

Name _____
(Please Type or Print Legibly)

Address _____
(Street _____ City _____ Zip)

Phone (____) _____ - _____ [Social Security # _____ - _____ - _____]

Date of birth ____ / ____ / ____ Place of birth _____

Driver's license number and state _____ Years driving experience _____

M/F ____ Age ____ Height ____ Weight ____ Hair Color ____ Eye Color ____

Comp _____ Build _____

Married Divorced Single Other _____

Physical Disabilities _____

Father's Full Name _____

Mother's Full Name _____ (Maiden) _____

Spouse's Full Name _____ (Maiden) _____

Education: Circle highest grade completed and name of last school attended

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____

Employment: List all employment within the past 10 years, including part-time and military [use back of application if necessary]

Name and Address of Employer	Dates Employed	Position

Company you will drive for if license is issued: _____

*List ANY and ALL arrests or summons to court for ANY violation, including motor vehicle citations
[use back of application if necessary]*

Date	Court Location	Offense	Disposition

I declare that the facts on this application are complete and true. Any false or incomplete statements may be cause for denial of a license or revocation of one already issued. I am aware that any infractions of the hackney rules and orders may be treated in like manner.

I agree to surrender such license upon termination of my hackney employment. I also agree to notify the hackney bureau of any change in my address or other information contained in the above statements including arrests, summons, motor vehicle citations and crashes, within 24 hours of such change in address or information.

Signed _____

Date ____/____/____

Bring application to the Safety Officer of the Canton Police Department, along with a fee of \$30.00

Approved: _____	Denied: _____
Comments: _____	

Signature of Police Officer

Date

Appendix V

Taxi/Livery/Limo Inspection

Company: _____ Vehicle: _____

Registration: _____ Type: _____

VIN: _____ Year: _____ Color: _____

Current Taxi/Livery License # _____

Exterior:

Roof Light (taxi only)

Company name on each front door both sides (taxi only)

Private livery only shall display one of the following:

A removable identification card with the name of the livery company and/or the client printed thereon;

Bear on the right and left side rear windows a livery sign containing only the name of the livery company in letters not to exceed two inches (2") in height;

Small company logo on each front door both sides.

Paint: _____

Body Condition: _____

Tires: _____

Exhaust System: _____

Lights:

Headlights: _____

Tail Lights: _____

Parking Lights: _____

Brake Lights: _____

Interior:

Current Livery license posted (taxis)

Current Livery license in vehicle (private liveries)

Current Special Operators License posted

Cleanliness

Upholstery Condition free from tears, soil, and any other defects

* Disclaimer: This inspection, while required for issuance of a livery license does not certify the vehicle inspected in any other capacity.

Appendix V

- Interior Light
- Horn
- Rear View Mirror
- Windshield Wipers and Fluid
- No Smoking sign displayed in view of rear passenger seat
- Fare and rate chart displayed (taxis)
- Fare and rate chart in vehicle (liveries)

Other documents required (please attach)

- Copy of Automobile Insurance Policy
- Copy of current taxi/limo license
- Signed Worker's Comp Affidavit
- Valid Worker's Comp Insurance Policy
- Check payable to the Town of Canton for \$50 (each Taxi) \$50 (each Livery/Limo vehicle) \$50.00 (each Scheduled Limousines).

Inspection Date: ____/____/____

Inspector: _____

Passed Inspection

Failed Inspection

* Disclaimer: This inspection, while required for issuance of a livery license does not certify the vehicle inspected in any other capacity.

Appendix W

Please have each taxi/livery driver complete the requested information below and bring to Canton Police Department along with the Hackney License Application (Appendix U)

Canton Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the hackney license, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. I hereby certify that the information below is true to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: ___/___/___ *SOCIAL SECURITY NUMBER ___ - ___ - ___

ADDRESS: _____

(For Official Use Only)

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____

* Pursuant to MGL Ch. 40 §22, your social security number is requested, but not required. Providing your social security number will expedite the process of conducting any and all relevant computer queries.

MUST BE COMPLETED AND SUBMITTED WITH
A COPY OF CERTIFICATE OF INSURANCE

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Boston, MA 02111
Worker' Compensation Insurance Affidavit

Please Print

Name: _____

Location _____

City _____ Phone _____

I am a homeowner performing all work myself.

I am a sole proprietor and have no one working in any capacity.

I am an employer providing workers' compensation for my employees working on this job.
Company Name _____

Address _____

City _____ Phone # _____

Insurance Company _____ Policy Number _____

Company Name _____

Address _____

City _____ Phone # _____

Insurance Company _____ Policy Number _____

Failure to secure coverage as required under Section 25A or MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of (\$100.00) a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigation of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print Name _____ Phone # _____

Official use only do not write in this area to be completed by city or town official

Check if immediate response is required

Contact Person _____ Phone _____

- Building Dept
- Licensing Board
- Health Dept.
- Other

Information and Instructions

Massachusetts General Laws chapter 152, section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", and *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or writer.

An Employer is defined as an individual, partnership, association, corporation or other legal entity, or any tow 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 employees 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, section 25 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 building in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.** Additionally, 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 bee presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for conformation 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.

City or Town

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 their permit/license number which will be used as a reference number. The affidavits may be returned the Department by mail or FAXZ unless other arrangements have been made.

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
600 Washington Street
Boston, MA 02111
Fax #: (617) 727-7749
Phone#: (617) 727-4900 ext. 406