

TOWN OF CONCORD



COMMERCIAL KENNEL LICENSE APPLICATION

This Application packet is for the Licensure of the following kennels

- 🐾 Commercial boarding or training kennel
- 🐾 Commercial breeder kennel
- 🐾 Domestic charitable corporation kennel
- 🐾 Veterinary kennel

GUIDE TO KENNEL LICENSES

A license must be obtained before operating a Kennel. Pursuant to State Law, a kennel is a pack or collection of dogs on a single premise, including a commercial boarding or training kennel, commercial breeder kennel, domestic charitable corporation kennel, personal kennel or veterinary kennel, as defined below.

Licensure is valid from the date of the license through the following December 31. Contact the Town Clerk's Office (978-318-3080) if you have any questions about the application process. The license fee is \$100.

To complete the application:

1. For new applicants or applicants adding dogs, contact the Building Department to arrange a sign-off on the Application (978-318-3280).
2. Complete the Kennel License Application.
3. Complete and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit. A fillable PDF is available online at: <https://www.mass.gov/doc/affidavits-for-general-businesses/download>
4. Contact the Animal Control Officer via Police Dispatch (978-318-3400) to arrange a sign-off on the Application.
5. Submit the completed application packet to the Town Clerk's Office, 22 Monument Square, Concord, MA 01742. Include payment of the fee (cash or check made payable to Town of Concord).

MGL c. 140, s. 136A

Commercial Boarding or Training Kennel

An establishment used for boarding, holding, day care, overnight stays or training of animals that are not the property of the owner of the establishment, at which such services are rendered in exchange for consideration and in the absence of the owner of any such animal; provided, however, that "commercial boarding or training kennel" shall not include an animal shelter or animal control facility, a pet shop licensed under section 39A of chapter 129, a grooming facility operated solely for the purpose of grooming and not for overnight boarding or an individual who temporarily, and not in the normal course of business, boards or cares for animals owned by others.

Commercial Breeder Kennel

An establishment, other than a personal kennel, engaged in the business of breeding animals for sale or exchange to wholesalers, brokers or pet shops in return for consideration.

Domestic Charitable Corporation Kennel

A facility operated, owned or maintained by a domestic charitable corporation registered with the department or an animal welfare society or other nonprofit organization incorporated for the purpose of providing for and promoting the welfare, protection and humane treatment of animals, including a veterinary hospital or clinic operated by a licensed veterinarian, which operates consistent with such purposes while providing veterinary treatment and care. There is no fee for this type of Kennel License.

Veterinary Kennel

A veterinary hospital or clinic that boards dogs for reasons in addition to medical treatment or care; provided, however, that "veterinary kennel" shall not include a hospital or clinic used solely to house dogs that have undergone veterinary treatment or observation or will do so only for the period of time necessary to accomplish that veterinary care.

KENNEL LICENSE APPLICATION

Application Date: _____ Application Fee: _____

Application Type

- New Application
- Renewing Application **with** Amendments or Changes
- Renewing Application with **NO** Amendments or Changes

FOR TOWN CLERKS OFFICE ONLY

Date Received _____

Amount paid: \$ _____

Payment Method _____

Kennel number _____

Business Information:

Business (DBA) Name: _____ Phone: _____

Business Location in Concord (with Zip Code): _____

Applicant's Legal Name: _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Describe where the dogs will be sheltered _____

Does this shelter have heat? Y N

Is an ambient temperature (59-77°F) maintained throughout the year? Y N

Does this shelter have running water? Y N

Square footage of yard on the premises to be occupied by dogs _____

Describe all fences, shelters, runs or other structures on premises to be occupied by dogs, and whether the structures now exist or are proposed _____

Maximum number of dogs over 3 months old to be kept at any one time _____

Average number of dogs to be kept at any one time _____

Average length of stay per dog, if short-term (for sale, boarding, etc.) _____

Hours the kennel will be supervised or attended _____

Which type of kennel will you be keeping (pursuant to MGL c140 s136A)?

Commercial boarding or training kennel.

Commercial breeder kennel.

Domestic charitable corporation kennel.

Veterinary kennel.

1. On the kennel premises, will dogs be boarded? Y N

2. On the kennel premises, will dogs be trained? Y N

3. On the kennel premises, will dogs be bred? Y N

4. On the kennel premises, will dogs be purchased? Y N

5. On the kennel premises, will dogs be sold Y N

6. On the kennel premises, will dogs be given veterinary treatment? Y N

7. On the kennel premises, will dogs be kept as pets? Y N

8. On the kennel premises, will dogs be kept for other purposes? Describe: Y N

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Concord town by-laws, any applicable State and Federal laws, and any conditions prescribed by the Town of Concord. I also understand that the application fee required by the town is not refundable for any reason. I also certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant _____ Date _____

**INSPECTIONAL SERVICES SIGN OFF
(REQUIRED FOR NEW APPLICANTS OR APPLICANTS ADDING DOGS ONLY)**

The premises described above is in a _____ Zone.

_____ The use is permitted as of right

_____ The use requires a special permit Referred to: _____ ZBA _____ Planning Board

_____ The use is prohibited

**Include copies of any documentation from special permit approval*

Signature _____

Date _____ _____ Not passed my inspection

Name and Title _____

**ANIMAL CONTROL SIGN OFF
(REQUIRED FOR ALL APPLICANTS)**

The applicant's kennel as described herein has: _____ Passed my inspection

Kennel is approved for _____ Dogs Animal Control Department form number: _____

Officer Signature _____ Date _____

Title, Name, and ID# _____

Deliver completed package, including required fee and insurance affidavit to the
Town Clerks Office at 22 Monument Square, Concord, MA 01742.

The Town Clerk's office is open, Monday-Thursday 8:30 – 4:30pm, Friday 8:30am – 12:30pm.

Town Clerks Office Phone: **978-318-3080**

****ALLOW AT LEAST ONE WEEK FOR PROCESSING****



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 an 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