



# TOWN OF PEPPERELL

## SELECT BOARD

### COMMON VICTUALLER LICENSE APPLICATION

Name: Moksh Family Corporation DBA: Pepperell Quality Market  
Business Name: Pepperell Quality Market (Donegan's Supermarket - current)  
Tax I.D. Number: 85-4346506  
Business Address: 75 Main Street, Pepperell, MA - 01463  
Owner's Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Manager Name: PAIANKEN Patel  
Manager Phone: \_\_\_\_\_  
Proposed Days / Hours of Operation: 6: AM to 10:00 PM - 7 DAYS WEEK  
Description of Premises: currently it's supermarket running under Donegan's Supermarket and we will have to change name to Pepperell Quality Market but operation will be same as now.  
Seating Capacity (If Any): 0  
Principal Food or Foods Served: Grocery, Food  
Applicant Name: PAIANKEN Patel  
Signature: [Signature] Date: 1-13-2021

*Once completed application is received, we will schedule a date for you to appear before the Board of Selectmen. At this time the Select Board will review your application and issue license. Fee \$75.00*

#### Office Use Only:

- Workers' Compensation Insurance Affidavit  
 Fee (\$75)  
 Other \_\_\_\_\_



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: PEPPERELL QUALITY MARKET

Address: 75 MAIN STREET

City/State/Zip: PEPPERELL, MA, 01463 Phone #: 978-433-9192

**Are you an employer? Check the appropriate box:**

1.  I am an employer with 45-55 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: I AM NOT AN OWNER OF BUSINESS YET. WE ARE WAITING FOR INSURANCE QUO

Insurer's Address: WE WILL HAVE IT SOON. YET TO BE DETERMINE.

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: [Signature] Date: 01/12/2021

Phone #: 9788857974

**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 #: \_\_\_\_\_