



**Division of Professional Licensure  
Office of Public Safety and Inspections  
1000 Washington Street, Suite 710  
Boston, Massachusetts 02118**

**ANNUAL BUSINESS LICENSE APPLICATION TO OPERATE A HORSE DRAWN CARRIAGE**

Application for *Annual License to Operate a Horse Drawn Carriage Business* in accordance with Massachusetts General Law (MGL) Chapter 22, § 20. Application must be completed in ink and accompanied by a non-refundable processing fee, in the form of a check or money order, made payable to the *Commonwealth of Massachusetts* as identified in the fee schedule table below.

APPLICATION FEE	FEE PER CARRIAGE	FEE PER HORSE	TOTAL FEE ( <i>Sum of all fees</i> )
\$25.00	\$50.00 x No. of Carriages = \$ _____	\$50.00 x No. of Horses = \$ _____	Total \$ _____

APPLICATION FOR APPROVAL IS SUBMITTED FOR THE PERIOD OF APRIL 1, 20\_\_ TO MARCH 31, 20\_\_.

**Applicant's Full Name:** \_\_\_\_\_  
*(Please type or print. If Corporation, please list the Duly Authorized Agent.)*

**Mailing Address:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

**Email Address:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

*Please list names of cities and towns where the business will operate if different from the business address.*

**DRIVER INFORMATION**

**Please provide a copy of the valid *Certificate of Competency* and a current CORI report for each driver.**

No.	Driver's Name	Certificate Number	No.	Driver's Name	Certificate Number
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Have all drivers met the provisions specified in 520 CMR, Section 13.03(2)(e)?  **Yes**  **No**

**HORSE INFORMATION**

**Pursuant to 520 CMR, Section 13.03(4), only those horses and carriages that are recorded on this application and for which fees have been paid may be used for hire.**

No.	Horse's Name	Identification Number	No.	Horse's Name	Identification Number
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

*(Please attach a separate sheet to record additional horses, if necessary.)*

Do all horses have a current health certificate as required by 520 CMR, Section 13.03(2)(g)?  **Yes**     **No**

*Please provide a current health certificate copy signed by the examining veterinarian for each horse listed above.*

**CARRIAGE INFORMATION**

**Pursuant to 520 CMR, Section 13.03(4), only those horses and carriages that are recorded on this application and for which fees have been paid may be used for hire.**

No.	Manufacturer	Model	Color	Passenger Capacity	Year Built	License Plate <i>(Issued by OPSI)</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*(Please attach a separate sheet to record additional carriages, if necessary.)*

*Please provide a color photo of each carriage listed above.*

**ADDITIONAL REQUIREMENTS**

**If you answer NO to any of the following questions, the application will be considered INCOMPLETE and no Annual License will be issued until proper documentation is submitted.**

<b>Required:</b> Did you submit proof of insurance in accordance with 520 CMR, Section 13.03(2)(f)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Insurance must be valid for the duration of the licensing period.
<b>Required:</b> Has the local authority approved the horse drawn carriage routes and designated curb space pursuant to 520 CMR, Section 13.03(7) and 13.09(3)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Please provide a copy of the approval documentation from the local authority.
<b>Required:</b> Has the applicant completed the attached CORI Request Form?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Applicant must complete the CORI Request Form attached to this application.

Under pains and penalties of perjury, I certify that, to the best of my knowledge and belief, the information on this application is true and accurate and that I have paid all state taxes and any and all outstanding civil fines owed to the Office of Public Safety & Inspections (OPSI) required by law.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

## PREREQUISITES

ALL of the following items **MUST** be submitted with the application in order for an application to be processed properly. Failure to submit **ALL** required information and appropriate fee will result in forfeiture of exam processing fee and ineligibility to take the exam.

### HORSE DRAWN CARRIAGE ANNUAL LICENSE PREREQUISITES

- Completed application.
- Non-refundable application processing fee, in the form of a check or money order, made payable to the *Commonwealth of Massachusetts*. The processing fee must be the sum of application fees (*fees per carriage plus fees per horse*).
- List of all drivers, along with copies of their valid Certificates of Competency and current Criminal Offender Record Information (CORI) reports.
- Proof of insurance. Insurance must be valid for the duration of the licensing period and must provide general liability insurance in the minimum amount of \$1,000,000.00 per occurrence with a \$2,000,000.00 general aggregate limit written on an occurrence form, a bond or other substantially equivalent proof approved by the OPSI commissioner.
- List of all horses and copies of their current health certificates, signed by a veterinarian.
- List of all carriages along with a color photograph of each listed carriage.
- Criminal Offender Record Information (CORI) Request Form completed by the applicant.
- Copy of local approval authority documentation where the business intends to operate.

PLEASE MAIL COMPLETED APPLICATION PACKAGES TO:

**Division of Professional Licensure**

Office of Public Safety & Inspections

1000 Washington Street - Suite 710

Boston, MA 02118

Attention Horse Drawn Carriage Licensing

**Incomplete applications will not be processed until all missing documentation is submitted.**