



**Division of Professional Licensure
Office of Public Safety and Inspections**
One Federal Street, Suite 600
Boston, Massachusetts 02110

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 (Issued by OPSI)
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.

Required: Did you submit proof of insurance in accordance with 520 CMR, Section 13.03(2)(f)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance must be valid for the duration of the licensing period.
Required: 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"/> Yes	<input type="checkbox"/> No	Please provide a copy of the approval documentation from the local authority.
Required: Has the applicant completed the attached CORI Request Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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

One Federal Street – Suite 600

Boston, MA 02110

Attention Horse Drawn Carriage Licensing

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