



MASSACHUSETTS DEPARTMENT OF **LABOR STANDARDS**

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www.mass.gov/dols

Application for Seasonal Business Determination for Overtime Waiver

Pursuant to M.G.L. c. 151, §1A(9), a business or specified operation of a business which is carried on during a period or accumulated periods of not more than 120 days per year, and determined by the Department of Labor Standards to be seasonal in nature, is exempt from the requirement to pay employees not less than time and one-half for any time worked in excess of 40 hours in one week.

To apply for a seasonal business waiver, the employer must submit this completed application form, along with a fee of two hundred dollars (\$200). DLS is processing all waivers electronically. You will need to submit payment of \$200.00 for the application. You can do this online at <https://www.mass.gov/dls-online-payment>. We accept the following card(s): Discover, MasterCard, Visa, as well as electronic funds transfer from checking or savings bank accounts. This fee is not refundable in the event that this application is denied.

After payment is made please submit the completed application form to: MinimumWage@mass.gov

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.



Application for Seasonal Business Determination for Overtime Waiver M.G.L c. 151, §1A(9)

Please provide the following information:

1. Name of company/organization: _____
2. Nature of business: _____
3. Name of owner, manager, contact person, and titles: _____

4. Telephone number(s): _____
5. Email address(es): _____
6. Website address: _____
7. Physical business address: _____
8. Business mailing address off-season: _____
9. Business mailing address in-season: _____
10. How many days will the business operate? _____
11. Between which dates will the business operate? _____
12. a. Is this the business/organization's first waiver application? Yes ☐ No ☐
b. If this is not the first application, when was the last application made? _____
c. If a previous application was approved, when was the waiver in effect? _____

I declare the above facts and any supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application. I understand that DLS and the Office of the Attorney General have the right of inspection of any employer's payroll records at any time, and that this waiver is only applicable to a business which is carried on during a period or accumulated periods not in excess of one hundred and twenty days in any year, and determined by the Director to be seasonal in nature. Signed under the pains and penalties of perjury.

Signature: _____ Print Name: _____

Print title: _____ Date: _____