

PUBLIC WAREHOUSEMEN

Description

"Public Warehouse" is defined as any building or part thereof, kept and maintained for the storage of goods, wares and merchandise as a business.

"Warehousemen" is defined, as a person, corporation, partnership, association or trustee engaged in the business of storing goods for hire.

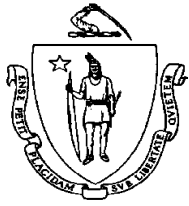
This license is a one-time issuance.

Required Documents

1. Completed Public Warehousemen application
2. Submit to a criminal check
3. Submit a surety bond in the amount of \$10,000 payable to the Treasurer of the Commonwealth.
4. Submit copies "Articles of Corporation"
5. Submit a business certificate and proof of zoning to do business at that location
6. must provide (2) consecutive week listings of original newspaper publications (in the "Legal" section), serving the community where the business is located
(The information included in the add, will include the owners name, business name, address, city, town or county)
7. Copy of Driver's license
8. Payment in the form of check or money order only - \$250.00

Agency

Division of Occupational Licensure
Office of Public Safety and Inspections
1000 Washington Street
Boston, Massachusetts 02118



COMMONWEALTH OF MASSACHUSETTS

DIVISION OF OCCUPATIONAL LICENSURE OFFICE OF PUBLIC SAFETY AND INSPECTIONS

PLEASE SUBMIT APPLICATION TO:
1000 WASHINGTON STREET, BOSTON, MASSACHUSETTS 02118

PUBLIC WAREHOUSE APPLICATION

APPLICATION FEES ARE NON-REFUNDABLE

Date: _____

Name _____

Residence _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name _____

Business Address _____
(Street/Number) (City/Town) (Zip Code)

(Telephone No.) _____ (Email) _____

Date of Birth _____ Place of Birth _____

Mother's Full Maiden Name _____

Father's Full True Name _____

Have you registered your business name in accordance with C 110, S.5, Mass General Laws?

Are you engaged in representing an agency outside the Commonwealth _____ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

By: _____
Signature of Individual or Corporate Name Corporate Officer (if applicable)

_____ Social Security Number of Individual

_____ Federal Identification Number

Revised July. 2018



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
1000 Washington Street • Boston • Massachusetts • 02118

BOND FOR LICENSE AS A PUBLIC WAREHOUSEMEN

KNOW ALL MEN BY THESE PRESENTS, that

we _____
of _____ in the county of _____
and Commonwealth of Massachusetts, as principal, and the _____
_____ Company, a corporation duly organized
and existing under the laws of the State of _____
having its principal office at _____ in the State of _____
and being duly authorized to transact the business of fidelity insurance and corporation
suretyship in the Commonwealth of Massachusetts in the some of \$10,000 Dollars, to be paid to
the Honorable _____
Treasurer and Receiver-General of the Commonwealth of Massachusetts, or his successor or
successors in office, to the payment whereof we jointly and severally bind ourselves and our
heirs, executors and administrators, successors and assigns, by these presents.

The Condition of this obligation is such that whereas the said _____
has been duly licensed to be a public warehouseman under the provisions of Ch. 105 of the
General Laws as amended.

Now, therefore, if the said _____
Shall faithfully perform and discharge all the duties of a public warehouseman, as they now or
may thereafter, exist, then this obligation shall be void, otherwise it shall be and remain in full
force and virtue.

In witness whereof the said _____
as principal, has hereunto set his hand seal, and the said _____
_____ Company has affixed its corporate seal and caused these presents to be signed in its
behalf by its _____
duly authorized thereto, this _____ day of _____ 20 _____

The signature of the principal must
Be witnessed on the line below:
In the presence of _____

(seal)
Principal

(company)

Newspaper Posting Template/Example

PLEASE SUBMIT PROOF OF PUBLICATION WITH APPLICATION

NOTICE IS HEREBY GIVEN ON THE APPLICATION OF

_____ OF _____
(name) (address)

TO BE A PUBLIC WAREHOUSE WITHIN AND FOR THE

_____ OF _____
(county) (city/town)

**FOR THE PURPOSE OF CONDUCTING A
GENERAL WAREHOUSE BUSINESS AS
PROVIDED IN CHAPTER 105 OF THE
MASSACHUSETTS GENERAL LAWS**

COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me. I understand that if my licensure is not completed within one year from the date of this authorization, I will be required to submit a new authorization form prior to licensure.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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*Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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* Social Security Number: _____ - _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DOL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DOL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DOL Employee (Please Print)

Signature of Verifying DOL Employee

Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).