



**4. Hours of Operation**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**5. 24-Hour Contact Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**6. Marijuana Product Manufacturer Information Skip this section if not applicable**

Will marijuana extraction for non-consumption take place at the establishment?  Yes  No

If yes, list type(s) of product(s): \_\_\_\_\_

Will edible marijuana infused products be prepared / manufactured at the establishment?  Yes  No

If yes, list type(s) of product(s): \_\_\_\_\_

For Medical and Retail Stores, will edible marijuana have infused products that are purchased factory wrapped (not prepared at the establishment) be re-packaged for sale at your establishment?  Yes  No

Will food, not infused with marijuana be sold at the establishment?  Yes  No

Statement: I, \_\_\_\_\_ received, read and understand the  
Print Name

Brookfield Board of Health Public "Regulation to Ensure the Sanitary and Safe Operation of Marijuana Establishments and the Sale of Marijuana and Cannabidiol" and "Regulation of Marijuana Establishments to Prevent Nuisance." The regulations can be found on the Town of Brookfield's website: <https://www.brookfieldma.us/local-health-regulations>

I certify that I am in compliance with all local and state laws, regulations, bylaws, and ordinances including proof of a current license with the Cannabis Control Commission and am prepared to show proof if requested. I acknowledge I am responsible for training all employees at the above establishment on local, state and federal laws regarding marijuana sales. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

**To obtain a Marijuana Operating Permit, submit the following:**

- Completed **“Marijuana Operating Plan Review and Permit Application”**. Please print legibly. Missing information may cause a delay in the review process and issuing a permit.

Permit and / or Initial Plan Review fee. See the fee schedule below. Make check(s) payable to the **“Town of Brookfield”**. Credit cards are not accepted at this time. **All fees are non-refundable.**

Check the applicable box(s) below for your operation and type of application.

<input type="checkbox"/>	Craft Marijuana Cooperative	Initial Plan Review	\$230.00
<input type="checkbox"/>	Craft Marijuana Cooperative	Annual Operating Permit	\$230.00
<input type="checkbox"/>	Marijuana Cultivator	Initial Plan Review	\$230.00
<input type="checkbox"/>	Marijuana Cultivator	Annual Operating Permit	\$230.00
<input type="checkbox"/>	Marijuana Microbusiness	Initial Plan Review	\$230.00
<input type="checkbox"/>	Marijuana Microbusiness	Annual Operating Permit	\$230.00
<input type="checkbox"/>	Marijuana Product Manufacturer	Initial Plan Review	\$330.00
<input type="checkbox"/>	Marijuana Product Manufacturer	Annual Operating Permit	\$330.00
<input type="checkbox"/>	Marijuana Research Facility	Initial Plan Review	\$140.00
<input type="checkbox"/>	Marijuana Research Facility	Annual Operating Permit	\$230.00
<input type="checkbox"/>	Marijuana Retailer Delivery Only	Initial Plan Review	\$140.00
<input type="checkbox"/>	Marijuana Retailer Delivery Only	Annual Operating Permit	\$140.00
<input type="checkbox"/>	Marijuana Retailer Store Front (Adult-Use)	Initial Plan Review	\$190.00
<input type="checkbox"/>	Marijuana Retailer Store Front (Adult-Use)	Annual Operating Permit	\$230.00
<input type="checkbox"/>	Registered Marijuana Dispensary (Medical)	Initial Operating Permit	\$2,000.00
<input type="checkbox"/>	Registered Marijuana Dispensary (Medical)	Annual Operating Permit	\$500.00
<input type="checkbox"/>	Marijuana Testing Laboratory	Initial Plan Review	\$140.00
<input type="checkbox"/>	Marijuana Testing Laboratory	Annual Operating Permit	\$230.00
<input type="checkbox"/>	Marijuana Transporter	Initial Plan Review	\$140.00
<input type="checkbox"/>	Marijuana Transporter	Annual Operating Permit	\$140.00

- Completed **“Workers’ Compensation Insurance Affidavit: General Businesses.”** See page 5. Attach a copy of the workers’ compensation policy declaration page that shows the policy number and expiration date. **Please do not submit expired policies.**

- Security Plan detailing all security measures taken to ensure patient, consumer, and community safety and eliminate unauthorized access to the premises. **For renewals, submit only if there are changes to the original submitted approved plan.**

- Submit a site plan and/or a floor plan/sketch of the establishment and identify all areas and rooms. Identify all waste disposal area(s). **For new applicants and renewals if there are changes to the original submitted approved plan.**

- Submit a detailed waste disposal plan, as approved by the CCC that complies with the requirements set forth in 935 CMR 500. **For renewals, submit only if there are changes to the original submitted approved plan.**
- Copy of all Cannabis Control Commission license (once obtained). **Do not submit expired licenses.**
- For Marijuana Transporters and Marijuana Retailer Delivery Only businesses, submit a description of your business plan.
- For all Cultivation and Manufacturing, submit a copy of fire and police all MassDEP permits, including wastewater/stormwater management plan(s), stormwater maintenance/operation plan(s), and long-term pollution prevention plan(s), photometric, and/or odor mitigation plan(s).

**Important: The Marijuana business shall not operate until a pre-operational inspection has been performed by a Brookfield Health Agent and a permit has been issued.**

**For Board of Health Use Only**

- Approved as submitted
- Approved as submitted with the following condition(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

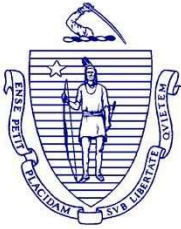
- Disapproved as submitted – Reason(s): \*\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Title: Health Agent

Date Permit was Issued: \_\_\_\_\_

**Important: Marijuana Operating Permit(s) must be displayed conspicuously in the establishment. Permit(s) are non-transferable. Each new owner of a Marijuana Establishment must apply for a new permit.**



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
--	--

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

Insurer's Address: \_\_\_\_\_

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 Section 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: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Law's chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

---

---

## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

---

## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant.

Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

---

---

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)