

Town of Barnstable
 Town Manager's Office
 Licensing Division
 367 Main Street, Hyannis, MA 02601

P 508.862.4774 erin.logan@town.barnstable.ma.us

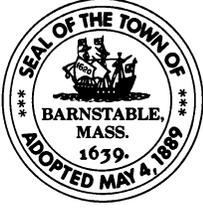
ABOVE GROUND AND UNDER GROUND STORAGE LICENSE APPLICATION

TOWN OF BARNSTABLE FORMS	STATE FORMS
<ul style="list-style-type: none"> • Flammable or Explosive Material Storage License Pre-Application Procedure • Licensed Premise Zoning Approval Form 	<ul style="list-style-type: none"> • MGLc.148 §13 License Application (FP-002) • MGLc.148 §13 Cert. of Registration (FP-005) • MA Application for Standard Permit (FP-006) • MA DEP Form UST FP-290

Fees	License Application	Varies	\$100.00	Town Manager Hearing	Yes <u>X</u>	No <u> </u>
	Legal Ad	Varies		Advertise 10 days before:	Yes <u>X</u>	No <u> </u>
				Notify abutters:	Yes <u>X</u>	No <u> </u>

Please email the completed application to the Licensing Division:

erin.logan@town.barnstable.ma.us



The Town of Barnstable

Office of Town Manager

367 Main Street, Hyannis MA 02601

www.town.barnstable.ma.us

Office: 508-862-4610

Fax: 508-790-6226

Email: mark.ells@town.barnstable.ma.us

Mark S Ells, Town Manager

TO : Applicant for flammable or Explosive Materials Storage License
FROM : **Erin Logan, Licensing**
SUBJECT: Pre-application Procedure

Prior to filing an application for a license to authorize the use of a specific parcel of land for the storage of flammables or explosives stored in a building(s) or structure(s) applicants are required to review the proposal with officials of the Health Department, Conservation Department and Building Department (Zoning).

This review is to assist the applicant in understanding any requirements of the Zoning, Health, or Conservation Departments which may apply to the proposed project. A few minutes spent early in the process in this area should prevent surprise or complications in the later stages of the process.

The applicant is required to complete a Licensed Premises Zoning Approval form and have the form reviewed and signed by an official of the Building Department. The signed form is to be submitted with the application submitted to the Town Manager's Office.

In addition, the applicant is required to have this form signed by officials of the Health Department and the Conservation Department and include this completed form with the application submitted to the Town Manager's Office.

The signatures of the Health Department and Conservation Department officials on this form is not intended to indicate approval or authorization, and is intended only to indicate that the applicant has discussed the project with officials of the Health and Conservation Department and been advised of requirements of the respective departments.

Health Department Official _____ Date: _____

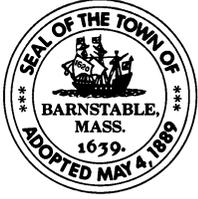
Conservation Department Official _____ Date: _____

Completed application for license attached? _____ Yes _____ No

Completed Licensed Premises Zoning Approval Form attached? _____ Yes _____ No

Application Fee \$100.00 paid? _____ Yes _____ No

Name/Location of applicant: _____



Town of Barnstable

Town Manager License Application
367 Main Street, Hyannis, MA 02601
P 508.862.4774 or 774.470.8033

Licensed Premises Zoning Approval

To All Applicants: Zoning approval MUST be obtained BEFORE an application can be accepted by this office. Fully dimensional floor plans, with egresses, fixtures and furniture marked, must be submitted to the Building Commissioner's Office, along with a fully dimensional parking plan, prior to, or along with, this document. Plans must be initialed by the Building Department and submitted along with this form, completed and signed by the Building Commissioner or his representative, with a completed Licensing Application. No applications for a license or hearings on a license application will be accepted or scheduled until the above requirements are met.

To Be Filled Out By Applicant:

Uses/License Applied For _____

Location _____

Business Name _____

Business Owner _____

Address _____ Telephone: _____

Property Owner _____

Town of Barnstable Map(s) and Parcel(s) No(s) _____

List All Uses Of:

Basement _____ (Area) _____	First Flr. _____ (Area) _____
Second _____ (Area) _____	Third _____ (Area) _____
Fourth _____ (Area) _____	Roof _____ (Area) _____
Decks, Patios, etc. _____ (Area) _____	

Date _____ Signature of Applicant _____

To be completed by Building Commissioner's Office: Zoning District: _____

Is Site Plan Review Necessary?.....YES _____ NO _____

Are the above uses permitted? YES _____ NO _____

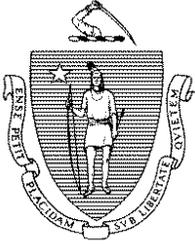
Legal Nonconforming Use YES _____ NO _____

Variance Granted YES _____ NO _____

Special Permit Granted YES _____ NO _____

Total number of occupants permitted _____. Total number of parking spaces exclusively dedicated to the proposed business use and available at all times when business is to be operated _____.

Signature of Building Official _____ Date _____



The Commonwealth of Massachusetts
City/Town of _____

FP-002
(Rev. 1.1.2015)

License

Massachusetts General Law, Chapter 148 §13

New License Amended License

GIS Coordinates

LAT.

LONG.

License Number

After notice and hearing, and in accordance with Chapter 148 of the Mass. General Laws,
a license is hereby granted to use the land herein described for the purposes described.

Location of Land: _____
Number, Street and Assessor's Map and Parcel ID

Owner of Land: _____

Address of Land Owner: _____

Flammable and Combustible Liquids, Flammable Gases and Solids

Complete this section for the storage of flammable and combustible liquids, solids, and gases. All tanks and containers are considered full for the purposes of licensing and permitting. (Attach additional pages if necessary.)

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, cubic feet	CONTAINER UST, AST, IBC, drums
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LP-gas (Complete this section for the storage of LP-gas or propane)

❖ Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: _____
List sizes and capacities of all aboveground containers used for storage _____

❖ Maximum quantity (in gallons) of LP-gas to be stored in underground containers: _____
List sizes and capacities of all underground containers used for storage _____

Total aggregate quantity of all LP-gas to be stored: _____

Fireworks (Complete this section for the storage of fireworks)

❖ Maximum amount (in pounds) of Class **1.3G**: _____
❖ Maximum amount (in pounds) of Class **1.4G**: _____
❖ Maximum amount (in pounds) of Class **1.4**: _____
Total aggregate quantity of all classes of fireworks to be stored: _____

THIS LICENSE OR A CERTIFIED COPY THEREOF MUST BE CONSPICUOUSLY POSTED ON THE LAND FOR WHICH IT IS GRANTED.

Explosives *(Complete this section for the storage of explosives)*

- | | |
|---|---|
| ❖ Maximum amount (in pounds) of Class 1.1: _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class 1.2: _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class 1.3: _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class 1.4: _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class 1.5: _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class 1.6: _____ | Number of magazines used for storage: _____ |

Licensing Authority Use:

This license is granted upon the condition that the licensed activity will comply with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts General Law, Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00) as amended. The license holder may not store materials in an amount exceeding the capacities herein specified unless and until any amended license has been granted.

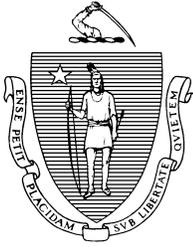
ADDITIONAL RESTRICTIONS:

Signature of Licensing Authority

Title

Date

**THIS LICENSE OR A CERTIFIED COPY THEREOF MUST BE CONSPICUOUSLY
POSTED ON THE LAND FOR WHICH IT IS GRANTED.**



FP-005
(Rev. 1.1.2015)

The Commonwealth of Massachusetts

City/Town of _____

Certificate of Registration

Massachusetts General Law, Chapter 148 §13

GIS Coordinates

LAT.

LONG.

License Number

In accordance with the provisions of Massachusetts General Law, Chapter 148 § 13, the undersigned hereby certifies that:

Person, partnership, corporation or other entity: _____
Name of License Holder

Business Address of License Holder

Is the holder of a license granted on _____, and subsequently amended on _____

For the lawful use of buildings and structures located or to be located at:

Number, Street and Assessor's Map and Parcel ID

As relates to the keeping, storage, manufacture, or sale of flammables, combustibles, or explosives.

Signature of License Holder or Agent

Date

Printed Name

All materials must be stored in accordance with the provisions of Massachusetts General Law, Chapter 148, the Massachusetts Fire Code (527 CMR), and all other applicable laws and regulations, including the terms and conditions of the subject license. Quantities stored may not exceed the maximum quantity specified by the license.

REGISTRATION

This is to certify that the within named license holder has in accordance with the provisions of Massachusetts General Law, Chapter 148 §13 filed with me, a certificate of registration setting forth that the above named entity is the holder of license as relates to the keeping, storage, manufacture, or sale of flammables, combustibles, or explosives at the above described location.

Signature of Official

Title

Date

THIS REGISTRATION AND THE LICENSE MUST BE CONSPICUOUSLY POSTED ON THE LAND FOR WHICH IT IS GRANTED.



The Commonwealth of Massachusetts

City / Town of _____



Application for Standard Permit

FP-006
(Rev. 1.1.2015)

➔ Return completed application to: _____ ➜

Permit Number: _____

City or Town: _____

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ application is hereby made

by _____
(Full Name of Person, Firm or Corporation) (Phone Number)

of _____
(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) _____

Name of Competent Operator (if applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _____ Amount Paid \$ _____



The Commonwealth of Massachusetts

City / Town of _____



FP-006
(Rev. 1.1.2015)

PERMIT

City or Town: _____

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in _____ this permit is granted

to _____
(Full Name of Person, Firm or Corporation)

for _____

Restrictions: _____

at _____
(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ _____ This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____



This permit must be conspicuously posted upon the premises





Massachusetts Department of Environmental Protection
Underground Storage Tank Program

Form UST FP-290

Notification for Underground Storage Tanks Regulated Under 527 CMR 9.00

Forward completed form to: MassDEP Bureau of Waste Prevention UST Program P.O. Box 120-0165 Boston, MA 02112-0165	Contact: MassDEP Bureau of Waste Prevention UST Program 617-556-1035 ext. 2	State Use Only
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- A. Facility Number _____
- B. Date Entered _____
- C. Clerk's Initials _____
- D. Comments _____

A. New Facility (see instructions, #1) B. Amended

INSTRUCTIONS: Form FP-290 (Notification for Underground Storage Tanks) is to be completed for each location containing underground storage tanks regulated under 527 CMR 9.00. If more than five tanks are owned at this location, photocopy the following pages and staple continuation sheets to the form. The FP-290 must be completed in duplicate. Although the form may be photocopied, the facility owner or owner's representative must **sign each copy separately**; photocopied signatures are not sufficient. The local fire department will issue the permit portion of the FP-290, however, registration is not complete until the FP-290 is received and checked by the Underground Storage Tank Program. All questions on this form are to be answered. Incomplete forms will be returned.

- 1 "New Facility" means a tank or tanks located at a site where tanks have not been previously located.
- 2 "Facility street address" must include both a street number and a street name. Post office box numbers are not acceptable and will cause a registration to be returned. If geographic location of facility is not provided, please indicate distance and direction from closest intersection, e.g., (facility at 199 North Street is located) **400 yards southeast of Commons Road** (intersection).

GENERAL INFORMATION

Notification Required
 MassDEP UST Form FP-290 is to be used as Notification, Registration, and Permit for underground storage tanks and tank facilities regulated under 527 Code of Massachusetts Regulations 9.00. No regulated underground storage tank facility shall be installed, maintained, replaced, substantially modified or removed without a permit (FP- 290) issued by the head of the local fire department. The owner of any storage facility shall within seven working days notify the head of the local fire department and the Dept. of Environmental Protection of any change in the name, address, or telephone number of the owner or operator of a storage facility subject to regulation by Chapter 148, Mass. General Law and by 527 CMR 9.00.

Underground Storage Tanks
 Each owner of an underground tank first put into operation on or after Jan. 1, 1991, shall, within thirty days after the tank is first put into operation, notify the Department of Environmental Protection (the department) of the existence of such tank, specifying, to the extent known, the owner of the tank, date of installation, capacity, type, location, and uses of such tank. By no later than Jan. 31, 1991, each owner of an underground storage tank that was in operation at any time after Jan. 1, 1974, regardless of whether or not such tank was removed from beneath the surface of the ground at any time, shall notify the department of the existence of such tank, specifying, to the extent known, the owner of the tank, date of installation, capacity, type, location of the tank, and the type and quantity of substances stored in such tank, or which were stored in such tank before the tank ceased being in operation if the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. Such notice shall also specify, to the extent known, the date the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. The operator of any tank that has no owner or whose owner cannot be definitely ascertained, shall notify the department of the existence of such tank, specifying, to the extent known, any information relating to ownership of the tank, and date of installation, capacity, type, and location of the tank, and the type and quantity of substances stored in such tank, or which were stored in such tank before the tank ceased being in operation if the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. If the tank was abandoned beneath the surface of the ground prior to the submittal of such notice to the department, such notice shall also specify, to the extent known to the owner or operator, the date the tank was abandoned in the ground and all methods used to stabilize the tank after the tank ceased being in operation.

Exception: (a) a farm or residential tank of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes, or (b) a tank used for storing heating oil for consumptive use on the premises where stored are not required to be registered under 527 CMR 9.00.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$25,000 for each tank for which notification is not given or for which false information is submitted. (MGL Chapter 148, section 38H, 527 CMR 9.00)

Where to Notify? Two completed notification forms should both be signed by the tank owner. One copy will be provided to the fire department, and the tank owner shall send a separate copy to the address at the top of this page.

When to Notify? 1. Owners of storage tanks in use or that have been taken out of operation must notify within thirty days.

Owners and Operators of Regulated Storage Tank Systems must maintain records certifying that all leak detection, inventory control and tightness testing requirements for the Regulated Storage Tank System are current. These records must be readily available for inspection.

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
--------------------------------	--------------------------------

<p>Owner Name (Corporation, Individual, Public Agency, or Other Entity)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>Mailing Address (if different from street address)</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>County _____</p> <p>Phone Number (Include Area Code) _____ Owner's Employer Federal ID # _____</p>	<p>Give the geographic location of tanks by degrees, minutes, and seconds. Example: Lat. 42, 36, 12 N Long. 85, 24, 17W</p> <p>Latitude _____ Longitude _____</p> <p>Distance and direction from closest intersection (see instructions #2)</p> <p>_____</p> <p>Facility Name or Company Site identifier, as applicable</p> <p>_____</p> <p>Street Address (P.O. Box not acceptable - see instructions #2)</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>County _____</p>
---	--

III. TYPE OF OWNER	IV. INDIAN LANDS
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial (storage and sale) <input type="checkbox"/> Private (storage and use)
<input type="checkbox"/> Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/> Tanks are owned by native American nation, tribe, or individual.	

V. TYPE OF FACILITY

Select the Appropriate Facility Description: (check all that apply)

_____ Gas Station	_____ Marina	_____ Trucking/Transport
_____ Petroleum Distributor	_____ Railroad	_____ Utilities
_____ Airport	_____ Federal - Military	_____ Residential
_____ Aircraft Owner	_____ Industrial	_____ Farm
_____ Vehicle Dealership	_____ Contractor	_____ Other (explain) _____

VI. CONTACT PERSON IN CHARGE OF TANKS

Name: _____	Address: _____	Phone Number (include area code): _____
Job Title: _____	_____	Home: _____
	_____	Business: _____

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 527 CMR 9.00.

Check all that apply:

<input type="checkbox"/> Self Insurance	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Letter of Credit
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> State Fund	<input type="checkbox"/> Other Method Allowed - Specify _____

Provide policy information, certificate of compliance information or other verification. _____

VIII. ENVIRONMENTAL SITE INFORMATION

This information should be available from local health agent, conservation commission, or planning department.

1. Tank site located in wellhead protection area Yes No
2. Tank site located in surface drinking water supply protection area Yes No
3. Tank site located within 100 feet of a wetland Yes No
4. Tank site located within 300 feet of a stream or water body Yes No

IX. DESCRIPTION OF STORAGE TANKS AND PIPING (COMPLETE FOR EACH TANK AT THIS LOCATION)

Tank Identification Number	Tank No. _____				
1. Tank status					
a. Tank mfr's serial # (if known)	_____	_____	_____	_____	_____
b. Currently in Use	<input type="checkbox"/>				
c. Temporarily Out of Use (Start Date)	<input type="checkbox"/>				
d. Permanently Out of Use (Start Date)	<input type="checkbox"/>				
e. Underground storage tank (UST)	<input type="checkbox"/> UST				
2. Date of Installation (mo./day/yr.)					
3. Estimated Total Capacity (gallons)					

Tank Identification Number (cont.)	Tank No.____				
4. Substance Currently or Last Stored a. Gasoline Motor vehicle or other use b. Diesel Motor vehicle or other use c. Kerosene d. Fuel Oil* * "Consumptive Use" tanks need not be registered. "Consumptive Use" fuel used exclusively for area heating and/or hot water. e. Waste Oil f. Other, Please specify	<input type="text"/> <input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="text"/> <input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="text"/> <input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="text"/> <input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other	<input type="text"/> <input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> other
Hazardous Substance (other than 4a thru 4e above) CERCLA name and/or CAS number	<input type="text"/> _____ _____				
Mixture of Substances Please specify	<input type="text"/> _____ _____				
5. Material of Construction - Tank (mark only one) Bare steel (includes asphalt, galvanized and epoxy coated) Cathodically protected steel Composite (steel with fiberglass) Fiberglass reinforced plastic (FRP) Concrete Unknown Other Please specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____
6. Type of Construction-Tank (mark only one) Single walled Double walled Unknown Other Please specify Is tank lined? Does tank have excavation liner?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Tank Identification Number (cont.)	Tank No. _____				
7. Material of Construction - Piping (mark only one)					
Bare steel (includes asphalt, galvanized and epoxy coated)	<input type="checkbox"/>				
Cathodically protected steel	<input type="checkbox"/>				
Fiberglass reinforced plastic (FRP)	<input type="checkbox"/>				
Flexible	<input type="checkbox"/>				
Copper	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Please specify	_____	_____	_____	_____	_____
8. Type of Construction - Piping (mark only one)					
Single walled	<input type="checkbox"/>				
Double walled	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Please specify	_____	_____	_____	_____	_____
Has piping been repaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is piping gravity feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	_____	_____	_____	_____	_____

X. INSTALLATION COMPLIANCE

1. Installation					
A. Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
B. Installer certified or licensed by the implementing agency	<input type="checkbox"/>				
C. Installation inspected by a registered engineer	<input type="checkbox"/>				
D. Installation inspected and approved by the implementing agency	<input type="checkbox"/>				
E. Manufacturers' installation checklists have been completed	<input type="checkbox"/>				
F. Another method allowed by 527 CMR 9.00. Please specify	_____	_____	_____	_____	_____
2. Tank Leak Detection (mark only one)	Tank	Tank	Tank	Tank	Tank
A. Double-wall tank - Interstitial monitoring	<input type="checkbox"/>				
B. Approved in-tank monitor	<input type="checkbox"/>				
C. Soil vapor monitoring (check one below)	<input type="checkbox"/>				
<input type="checkbox"/> Monthly <input type="checkbox"/> Continuous					
E. Other method allowed by 527 CMR 9.00. Please specify	_____	_____	_____	_____	_____

Tank Identification Number (cont.)	Tank No. _____				
3. Piping Leak Detection (mark only one)	Piping	Piping	Piping	Piping	Piping
A. Pressurized					
a. Interstitial space monitor	<input type="checkbox"/>				
b. Product line leak detector (mark all that apply below)	<input type="checkbox"/>				
<input type="checkbox"/> Automatic flow restrictor*					
<input type="checkbox"/> Automatic shut-off device*					
<input type="checkbox"/> Continuous alarm*					
* Also requires annual test of device and piping tightness test or monthly vapor monitoring of soil.					
B. Suction: Check valve at tank only (Requires interstitial space monitor or line tightness test every three years)	<input type="checkbox"/>				
<input type="checkbox"/> Interstitial space monitor					
<input type="checkbox"/> Line tightness test					
C. Suction: Check valve at dispenser only (No monitor required)	<input type="checkbox"/>				
D. Other method allowed by 527 CMR 9.00. Please specify	_____	_____	_____	_____	_____
4. Date of last tightness test (tank & piping)	_____	_____	_____	_____	_____
5. Gravity feed piping	<input type="checkbox"/>				
6. Spill containment and overfill protection	Tank	Tank	Tank	Tank	Tank
A. Spill containment device installed	<input type="checkbox"/>				
B. Overfill prevention device installed	<input type="checkbox"/>				
7. Daily Inventory Control (mark only one)					
A. Manual gauging by stick and records reconciliation	<input type="checkbox"/>				
B. Mechanical tank gauge and records reconciliation	<input type="checkbox"/>				
C. Automatic gauging system	<input type="checkbox"/>				
8. Cathodic Protection (if applicable)	Tank	Piping	Tank	Piping	Tank
A. Sacrificial Anode Type	<input type="checkbox"/>				
B. Impressed Current Type	<input type="checkbox"/>				
C. Date of Last Test	_____	_____	_____	_____	_____
Date of Last Third Party Inspection: _____					

XI. CERTIFICATION (Read and sign after completing all sections)

NOTE: Both the copy being sent to the Dept. of Environmental Protection and the copy forwarded to the local fire department must be signed separately. A photocopied signature will not be accepted on either document.

I declare under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)	Signature:	Date:

Instructions for obtaining Abutter Lists and Notification

1. Go to the Town Hall Building at 367 Main Street, Hyannis to obtain a list of abutters for "Liquor License transaction". Go to the GIS Department on the 3rd Floor. Ask them to include any churches, schools or hospitals within 500 feet as well as direct abutters.
2. Take the list to the Assessors' Office on the 1st Floor and have it certified as to being current. Within 3 days of publication of the ad for your hearing in the Barnstable Patriot (look on the hearing notice provided at the time of your application for the date the ad will appear), mail a copy of the ad to each abutter, certified mail, return receipt requested. If the property lists an owner who has a different address than the property address, send a copy of the ad to the different address. Also send or drop off a copy to "Occupant" or "Lessee" at that property address stating the property is subject of a hearing.
3. The Barnstable Patriot will bill you directly for the ad for your hearing. It is your responsibility as part of the application process for obtaining or changing a license to pay for this ad promptly.
4. Attach the green and white receipts from the Post Office to the Affidavit of Notice of Mailing to Abutter and Others in your application package. Complete the affidavit and sign your name in front of a Notary Public.
5. You may not receive all the "green cards" back prior to the hearing, This is not necessary.
6. Bring the affidavit to the Licensing Office at 200 Main Street, Hyannis the week prior to the hearing. If abutter notification is required and you have not provided this affidavit, the hearing cannot go forward on the hearing day.

AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS

To the Licensing Board

For the

Date

I, hereby certify that the following is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverages license at:

And that the following schools, churches or hospitals are located within the radius of five hundred (500) feet from said proposed location:

If there are none, please so state:

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three (3) days after publication of same, a copy of the advertisement is attached below. Also attached are the registered receipts./return registered receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under the penalties of perjuries:

Printed: _____

Written: _____

Date:

Notary Public: _____

My Commission Expires: _____