

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

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). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

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

Please note: If the waiver application is approved, the Department of Labor Standards may attach conditions to the granting of the waiver if deemed necessary.

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Please provide the following information:

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

4. Telephone number(s): _____
5. E-mail 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 (or the seasonal portion of the business) operate?

11. Between which dates will the business (or seasonal portion of the business) operate?

12. a. Is this the business/organizations' 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 commissioner to be seasonal in nature. Signed under the pains and penalties of perjury.

SIGNATURE

PRINT NAME

PRINT TITLE

DATE