



# **Licensing Board for the City of Boston**

One City Hall Square, Room 809, Boston, MA 02201 617-635-4170 Fax: 617-635-4742

## **Commissioners:**

*Daniel F. Pokaski, Chairman*

*Michael J. Connolly*

*Suzanne Iannella*

## **Executive Secretary:**

*Jean M. Lorizio*

## **Instructions**

### **To Apply for a New Pool Table / Billiard License**

1. Speak with the local Neighborhood Association and the City Councilor for the area/neighborhood.
2. File the completed application along with an 8½ x 11 floor plan with the Licensing Board. **(Please print clearly)**
3. Notify the Abutters and the people directly across the street from the location. If you are located on the corner you need to notify the people directly across the street on both sides. **(See details below. A list of abutters may be obtained from the Assessing Dept. in City Hall, Room 301. Abutters must be notified by certified mail.)**
4. Appear at the Licensing Board Hearing. **(Bring proof of certified mail, return of service receipts on the day of the hearing. The license application will not be acted upon without the return of service receipts.)**
5. A current Building Inspection Certificate is needed to pick up the license.
6. **(An Inspection Certificate may be obtained from 1010 Mass. Avenue. It is a white paper with a gold seal.)**
7. **An advertising fee of \$170.00 made payable to the Boston Herald is due when filing your application.**
8. **Annual Fees are as follows: \$50.00 Primary fee and \$30.00 per table.**

### **Detailed Instructions for Notification to Abutters**

1. Go to Engineering Office in the Assessing Department to find out which parcels of real estate about the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Assessing Department is located in City Hall, Room 301.
2. From the Assessor's most recent list, find out the names and mailing addresses of the abutters and others.
3. List the abutters and others on the "AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS" form (page 5).
4. When the legal notice is published, the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail return receipt requested to each of the persons or organizations listed. Bring the completed "AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS" form to the hearing along with the post office receipts and the return receipts which are mailed back to you.

LICENSING BOARD FOR THE CITY OF BOSTON  
Room 809, City Hall, Boston, MA 02201

DATE \_\_\_\_\_

**TYPE OF LICENSE**

Number of tables/alleys for which applicant is applying:

\_\_\_\_\_ Coin-Operated Pool Tables                      \_\_\_\_\_ Sippio Tables  
\_\_\_\_\_ Pool Tables    \_\_\_\_\_ Bowling Alleys  
\_\_\_\_\_ Billiard Tables

Corporate Name \_\_\_\_\_

Business Name (d/b/a), if different \_\_\_\_\_

Location of Premises \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Premises (Specify floors to be licensed) \_\_\_\_\_

If the application covers coin-operated pool tables, answer the following:

Have these devices been approved by the Director of Standards?    Yes    No

What kind of business are you engaged in? \_\_\_\_\_

What license(s) do you hold from this Board? Common Victualler No. \_\_\_\_\_ Liquor No. \_\_\_\_\_

Have you ever been convicted of gaming?    Yes    No    When? \_\_\_\_\_ Where? \_\_\_\_\_

Distributor's Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Distributor's Address \_\_\_\_\_ Tel No. \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Home Address \_\_\_\_\_

**APPLICANT MUST NOT FILL THE BLANKS BELOW**

**BUILDING DEPARTMENT CLEARANCE**

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_ Seating Capacity \_\_\_\_\_

**BOARD'S ACTION**

GRANTED \_\_\_\_\_ REJECTED \_\_\_\_\_

**RESTRICTIONS – REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Rec'd \_\_\_\_\_ Adv. \_\_\_\_\_ Paper \_\_\_\_\_  
Hearing Date \_\_\_\_\_ Time \_\_\_\_\_ Attorney Filing \_\_\_\_\_  
Rec'd By \_\_\_\_\_ Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

**LICENSING BOARD FOR THE CITY OF BOSTON**  
1 City Hall Sq., Room 809, Boston, MA 02201  
**LICENSEE/MANAGER PERSONAL INFORMATION FORM**

**THIS FORM MUST BE COMPLETED FOR EACH:**

- NEW LICENSE APPLICANT
- APPOINTMENT OR CHANGE OF MANAGER
- TRANSFER OF LICENSE

Please type or print all information

All questions must be answered and telephone numbers provided or application will not be accepted.

1. LICENSEE NAME: \_\_\_\_\_
2. NAME OF (PROPOSED) MANAGER: \_\_\_\_\_
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_
4. HOME ADDRESS: \_\_\_\_\_
5. AREA CODE AND TELEPHONE NUMBER(S): (Please give both contact numbers)

DAYTIME # \_\_\_\_\_ HOME # \_\_\_\_\_

6. REGISTERED VOTER:     YES     NO
7. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: \_\_\_\_\_

**9. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

BY: \_\_\_\_\_ Date \_\_\_\_\_  
                    Proposed Manager/Licensee Signature

**CONFIDENTIAL**

LICENSING BOARD FOR THE CITY OF BOSTON  
Room 809, City Hall, Boston, MA 02201

DATE: \_\_\_\_\_

**CRIMINAL RECORD INFORMATION FORM**

Managers, Stockholders, Officers and Directors of Corporation and Others

NAME OF CORPORATION \_\_\_\_\_

NAME \_\_\_\_\_ ALIAS, IF ANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HUSBAND OR WIFE'S NAME \_\_\_\_\_

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace...and such offenses were disposed of ten or more years prior to the filing of this application...you may be considered to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.

I, (name) \_\_\_\_\_, APPLICANT FOR A  
\_\_\_\_\_ LICENSE IN THE  
CITY OF BOSTON, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR VIOLATION OF A  
STATE OR FEDERAL NARCOTIC LAW.

I, (name) \_\_\_\_\_, do hereby state  
THAT I HAVE NO RECORD OF CRIMINAL. CONVICTIONS IN ANY STATE OR FEDERAL COURT  
EXCEPT THOSE LISTED AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_

I, (name) \_\_\_\_\_, do hereby state  
THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL  
VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS  
(date) \_\_\_\_\_ DAY, OF (month) \_\_\_\_\_, (year) \_\_\_\_\_ BY: \_\_\_\_\_  
PRINT LAST NAME \_\_\_\_\_

ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE FOR THE  
CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE APPLICANT OR  
CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

**LICENSING BOARD FOR THE CITY OF BOSTON**  
**Room 809, City Hall, Boston, MA 02201**

Date \_\_\_\_\_

**AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS**

To the Licensing Board  
For the City of Boston:

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 a pool table license at \_\_\_\_\_.

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

If there are none, please so state \_\_\_\_\_.

I also certify that notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three days after publication of the same, a copy of the advertisement of said application/petition, a copy of which 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 pains and penalties of perjury this (date) \_\_\_\_\_ day of (month) \_\_\_\_\_, (year)\_\_\_\_\_.

Signature: \_\_\_\_\_.

Printed: \_\_\_\_\_.  
(authorized individual, manager or corporate officer)

Notary Public \_\_\_\_\_.

My Commission expires \_\_\_\_\_.