



# Consumer Affairs and Licensing

Mayor Martin J. Walsh

## APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE\*

### DIRECTIONS

1. The applicant should complete this application and file it with the Licensing Division, 1 City Hall Square, Room 817, Boston, MA 02215.
2. After the application is filed, a Licensing Investigator may schedule a hearing to take place (3) to (4) weeks later. The hearing fee is \$100 and must be paid prior to the hearing date.
3. A hearing notice will be provided to the applicant, who must publicize and serve said hearing notice pursuant to the guidelines provided to the applicant with the required notice.
4. The applicant should contact interested community organizations. If help is needed in identifying community organizations, the Licensing Division or the Mayor's Office of Neighborhood Services will provide assistance.
5. Both the applicant and the person who will be in control of the premises must appear at the hearing.
6. All applicants must submit the following documents:

### DOCUMENT CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> Both Inspection Certificate <b>and</b> Certificate of Use and Occupancy (must be zoned for Live)<br><i>Inspectional Services Department</i><br>1010 Massachusetts Avenue, 5 <sup>th</sup> floor, Boston, MA 02118<br>(617) 635- 5300 | <input type="checkbox"/> Most recent Alcohol Beverage/Common Victualler (AB/CV) License<br><i>Boston Licensing Board</i><br>1 City Hall Square, Rm. 809, Boston, MA 02201<br>(617) 635-4170             |
| <input type="checkbox"/> Place of Assembly Permit (For capacities 50 and over)<br><i>Boston Fire Department – Fire Prevention Division</i><br>1010 Massachusetts Avenue, 4 <sup>th</sup> floor, Boston, MA 02118<br>(617) 343-3772                            | <input type="checkbox"/> Articles of Organization of the Corporation<br><i>Secretary of the Commonwealth – Corporations Division</i><br>1 Ashburton Place, Rm. 1717, Boston, MA 02108<br>(617) 727-9640 |
| <input type="checkbox"/> Business (d/b/a) Certificate<br><i>City Clerk's Office</i><br>1 City Hall Square, Rm. 601, Boston, MA 02201<br>(617) 635-4600  | <input type="checkbox"/> Floor plan<br><i>Please indicate location of live entertainment, floorshow, dance floor, and amusement devices</i>   |
|   | <input type="checkbox"/> Deed or Lease  |

\* For applicants wishing to offer live entertainment for up to seven days per week.



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## **APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE**

### **PART I: BUSINESS ORGANIZATION**

1. Business Name (d/b/a): \_\_\_\_\_ 2. Business Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. Business Address: \_\_\_\_\_

4. Attorney's Name: \_\_\_\_\_ 5. Attorney's Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

6. Attorney's Address: \_\_\_\_\_

7. Attorney's Email: \_\_\_\_\_

8. The business for which this application is being filed is a: (please select)

Sole Proprietorship, Owner's name: \_\_\_\_\_

Partnership, Partners' name(s): \_\_\_\_\_

Limited Partnership, Partners' name(s): \_\_\_\_\_

Corporation, Corporation name: \_\_\_\_\_

(Please list the name and home address of each officer, director and each shareholder as well as the amount of stock in the corporation owned by each. If necessary, submit cover sheet.)

\_\_\_\_\_

9. Employer Identification Number: \_\_\_\_\_

10. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: \_\_\_\_\_

11. Was there an approved transfer of Alcohol Beverage/ Common Victualler License within the last year?  Yes  No

12. Do you have any financial or corporate relationship with the prior owner?  Yes  No

a. If yes, please explain: \_\_\_\_\_

13. Does anyone who holds direct or indirect interest in the premises hold direct or indirect interest in any other premises which has an entertainment license in the City of Boston?  Yes  No

a. If yes, please explain: \_\_\_\_\_

14. Has anyone who holds direct or indirect interest in the premises ever been denied an entertainment license or had an entertainment license suspended, revoked, or voluntarily surrendered an entertainment license in any jurisdiction?  Yes  No

- a. If yes, please attach explanation and dates and indicate the person with the aforementioned interest: \_\_\_\_\_

15. Has the applicant, or a director or officer of the applicant: (If "Yes" to any, please attach explanation)

- a. Been convicted of a felony within the past seven years?  Yes  No
- b. Held an interest in an AB/CV license which has been suspended or revoked, or voluntarily surrendered?  Yes  No
- c. Any knowledge of illegal activity by its principals which may affect this license or the licensed premises?  Yes  No

## PART II: ENTERTAINMENT

Please identify with a checkmark the entertainment for which you are applying:

- |  |  |
|--|--|
| <input type="checkbox"/> Radio   | <input type="checkbox"/> Exhibition or Trade Show  |
| <input type="checkbox"/> Audio Device (ex. iPod, CD player etc.)   | <input type="checkbox"/> Movie Theater, # of screens _____   |
| <input type="checkbox"/> Jukebox   | <input type="checkbox"/> Stage Play, # of stages _____   |
| <input type="checkbox"/> TV(s)/Monitor(s) (27" and under), # of _____<br>(Menus on TVs not to be included unless you use the TV for entertainment as well) | <input type="checkbox"/> Ping Pong Tables, # of tables _____   |
| <input type="checkbox"/> Widescreen TV (larger than 27"), # of _____   | <input type="checkbox"/> Dartboard, # of _____   |
| <input type="checkbox"/> Instrumental Music, # of _____  | <input type="checkbox"/> Floor Show (Please describe. Ex. Comedian, Dance Performance, Cabaret, etc...)<br>_____ |
| <input type="checkbox"/> Vocal Music, # of _____   | <input type="checkbox"/> Athletic Event, (Please describe.)<br>_____   |
| <input type="checkbox"/> Disc Jockey   | <input type="checkbox"/> Video & Pinball machine, # of _____   |
| <input type="checkbox"/> Dancing by Patrons  |  |
| <input type="checkbox"/> Karaoke   |  |

If you are applying for any type of coin controlled amusement game machine, please answer the following:

- Total Number of Games/Machines: \_\_\_\_\_
- Name(s) of Game/Machine: \_\_\_\_\_
- Manufacturer and Manufacturer's Serial Number(s): \_\_\_\_\_
- Will you own the coin-controlled game(s)?  Yes  No
- If "No", please provide the name, address and telephone number of the owner/vendor of the games: \_\_\_\_\_
- Is this game(s) approved by the State Director of Standards?  Yes  No
- Does your premise have a remote switch to shut off the games?  Yes  No
- If yes, please indicate the location of the switch: \_\_\_\_\_
- Is this a game(s) involving, in whole or in part, the skill of the player?  Yes  No

10. As part of the entertainment, will any entertainer, employee or person on the licenses premises be permitted to be unclothed or in such attire as to expose to view any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals?  Yes  No

a. If yes, please describe: \_\_\_\_\_

11. If you are restricting admission for ENTERTAINMENT to adults as a matter of practice, is the premises licensed within the Adult Entertainment District?  Yes  No

a. If no, has ENTERTAINMENT on the premises been restricted to the adult continuously since November 26, 1974, or prior thereof?  Yes  No

**PART III: MANAGER OF RECORD\***

Please provide the following information on the proposed manager of record:

1. Proposed Manager of Record: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Phone Number: ( ) - 5. Social Security Number: - -

6. Date of Birth: / / 7. Place of Birth: \_\_\_\_\_

8. Mother's Maiden Name: 9. Father's Name: \_\_\_\_\_

\* Same manager of record must be on the AB/CV license.

WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAWS?  Yes  No

**PART IV: OPERATION**

1. Proposed Capacity of Premise: \_\_\_\_\_

2. Number of Restrooms: \_\_\_\_\_

3. Number of Egresses: \_\_\_\_\_

4. Hours of Operation on AB/CV License: \_\_\_\_\_

5. Proposed Hours of Entertainment: \_\_\_\_\_

**PART V: APPLICANT INFORMATION**

**STATEMENT OF APPLICANT:** Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: / /

PRINT NAME: \_\_\_\_\_ TEL: ( ) -

RELATIONSHIP TO BUSINESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_