



# Consumer Affairs and Licensing

Mayor Martin J. Walsh

## APPLICATION FOR A NON-LIVE ENTERTAINMENT LICENSE

Please fill out the following application in its entirety and return the completed application with all requested documentation to the Licensing Division. Failure to complete the application or failure to submit all required documentation in a timely manner will delay the processing of your application. THIS APPLICATION IS ONLY VALID FOR THE FOLLOWING TYPES OF ENTERTAINMENT:

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

- |   |   |
|---|---|
| <input type="checkbox"/> Radio  | <input type="checkbox"/> Widescreen TV (larger than 27"), # of _____            |
| <input type="checkbox"/> Audio Device (ex. iPod, CD player etc...)    | <input type="checkbox"/> Dartboard(s), # of _____                               |
| <input type="checkbox"/> Jukebox                                      | <input type="checkbox"/> Ping Pong Tables, # of tables _____                    |
| <input type="checkbox"/> TV(s)/Monitor(s) (27" and under), # of _____ | <input type="checkbox"/> Other (please describe, use add'l sheets if necessary) |
- (Menus on TVs not to be included unless you use the \_\_\_\_\_  
TV for entertainment as well) \_\_\_\_\_

### PART 1: BUSINESS ORGANIZATION

1. Business Name (d/b/a): \_\_\_\_\_ 2. Business Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
3. Corporate Name: \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. Name of Individual signing app.: \_\_\_\_\_ 6. Relationship to business: \_\_\_\_\_
7. Email: \_\_\_\_\_ 8. Daytime Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
9. Home Address: \_\_\_\_\_
10. Attorney's Name: \_\_\_\_\_ 11. Attorney's Tel.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
12. Attorney's Address: \_\_\_\_\_
13. Attorney's Email: \_\_\_\_\_
14. 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.)

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

## PART II: MANAGER OF RECORD

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

1. Proposed Manager of Record: \_\_\_\_\_
2. Email: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Home Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 4. Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Place of Birth: \_\_\_\_\_
7. Mother's Maiden Name: \_\_\_\_\_ 8. Father's Name: \_\_\_\_\_

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 III: OPERATION

1. Proposed Capacity of Premise: \_\_\_\_\_
2. Number of Restrooms: \_\_\_\_\_
3. Number of Egresses: \_\_\_\_\_
4. Hours of Operation on Alcohol Beverage/Common Victualler License: \_\_\_\_\_
5. Proposed Hours of Entertainment: \_\_\_\_\_

Please provide a current copy of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Inspection Certificate</b><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"/> <b>Alcohol Beverage/Common Victualler (AB/CV) License</b><br><i>Boston Licensing Board</i><br>1 City Hall Square, Rm. 809, Boston, MA 02201<br>(617) 635-4170                         |
| <input type="checkbox"/> <b>Place of Assembly Permit</b><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"/> <b>Articles of Organization of the Corporation</b><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"/> <b>Business (d/b/a) Certificate</b><br><i>City Clerk's Office</i><br>1 City Hall Square, Rm. 601, Boston, MA 02201<br>(617) 635-4600  |  |

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: \_\_\_\_\_