



Consumer Affairs and Licensing

Mayor Martin J. Walsh

APPLICATION FOR A DANCING SCHOOL LICENSE

PART I: SCHOOL INFORMATION

Name of Dance School: _____ Tel.: (____) ____ - _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Hour(s) and Day(s) of Operation: _____

Type of Dance Instruction: _____

Number of Instructor(s): _____ Name of Instructor(s): _____

Number of students presently enrolled: _____

Number of students under 18 years of age: _____ Number of students 18 years of age and older: _____

DESCRIPTION OF PHYSICAL SPACE

SAFETY PRECAUTIONS

1. Number of rooms used for instruction: _____

1. Number of Smoke Detectors: _____

2. Type of dance floor: _____

2. Number of Fire Extinguishers: _____

3. Number of restrooms: _____

3. Type of First Aid available: _____

4. Number of dressing rooms: _____

5. Number of Egresses: _____

4. Location of First Aid: _____

6. Location of Egresses: _____

PART II. BUSINESS ORGANIZATION

1. 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.)

2. Employer Identification Number: _____

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: _____
- 10. Within the past seven years, has the proposed manager been convicted of a felony or a violation of state or federal narcotics laws? Yes No

Please provide a current copy of the following:

Inspection Certificate and Certificate of Use and Occupancy
*Inspectional Services Department
 1010 Massachusetts Avenue, 5th floor, Boston, MA 02118
 (617) 635- 5300*

Business (d/b/a) Certificate
*City Clerk’s Office
 1 City Hall Square, Rm. 601, Boston, MA 02201
 (617) 635-4600*

Place of Assembly Permit
*Boston Fire Department – Fire Prevention Division
 1010 Massachusetts Avenue, 4th floor, Boston, MA 02118
 (617) 343-3772*

Articles of Organization of the Corporation
*Secretary of the Commonwealth – Corporations Division
 1 Ashburton Place, Rm. 1717, Boston, MA 02108
 (617) 727-9640*

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

Relationship to Business

Print Name

Email

Date