



## Consumer Affairs and Licensing

Mayor Martin J. Walsh

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

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 hearing *may* be scheduled 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"/> Inspection Certificate   | <input type="checkbox"/> Most recent Alcohol Beverage <b>or</b> Common Victualler (AB/CV) License<br><i>Boston Licensing Board<br/>1 City Hall Square, Rm. 809, Boston, MA 02201<br/>(617) 635-4170</i>   |
| <input type="checkbox"/> Certificate of Use and Occupancy (must be zoned for Live entertainment or have #38 noted on Inspection Certificate)<br><i>Inspectional Services Department<br/>1010 Massachusetts Avenue, 5<sup>th</sup> floor, Boston, MA 02118<br/>(617) 635- 5300</i> | <input type="checkbox"/> Articles of Organization of the Corporation<br><i>Secretary of the Commonwealth – Corporations Division<br/>1 Ashburton Place, Rm. 1717, Boston, MA 02108<br/>(617) 727-9640</i> |
| <input type="checkbox"/> Place of Assembly Permit (For capacities 50 and over)<br><i>Boston Fire Department – Fire Prevention Division<br/>1010 Massachusetts Avenue, 4<sup>th</sup> floor, Boston, MA 02118<br/>(617) 343-3772</i>   | <input type="checkbox"/> Floor plan<br><i>Please indicate location of live entertainment, floorshow, dance floor, and amusement devices</i>   |
| <input type="checkbox"/> Business (d/b/a) Certificate<br><i>City Clerk's Office<br/>1 City Hall Square, Rm. 601, Boston, MA 02201<br/>(617) 635-4600</i>  | <input type="checkbox"/> Deed or Lease  |

**\* For applicants who would like to offer live entertainment for up to seven days per week.**

BOSTON CITY HALL, ROOM 817, ONE CITY HALL SQUARE, BOSTON, MA 02201  
TELEPHONE: LICENSING DIVISION 617-635-4165 • FAX: 617-635-0709 • MOCAL@BOSTON.GOV



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## APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE

### PART I: BUSINESS ORGANIZATION

1. Business Name (d/b/a): \_\_\_\_\_ 2. Business No.: ( ) - \_\_\_\_\_

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

4. Attorney's Name: \_\_\_\_\_ 5. Attorney's No.: ( ) - \_\_\_\_\_

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, LLC/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 an 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 Alcohol Beverage or Common Victualler 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

If you do not currently hold a non-live entertainment license for the bolded entertainment below, you may submit a non-live application while your live application is pending hearing and approval.

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

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Audio Device (ex. Radio, Mp3 player, etc.)</b>  | <input type="checkbox"/> Dancing by Patrons  |
| <input type="checkbox"/> <b>Jukebox</b>   | <input type="checkbox"/> Karaoke   |
| <input type="checkbox"/> <b>TV(s)/Monitor(s) (27” &amp; under), # of _____</b><br>(Menus on TVs not to be included unless for entertainment purposes as well) | <input type="checkbox"/> Instrumental Music, # of _____  |
| <input type="checkbox"/> <b>Widescreen TV (over 27”), # of _____</b>  | <input type="checkbox"/> Vocal Music, # of _____   |
| <input type="checkbox"/> <b>Projector / Movie Screen, # of _____</b>  | <input type="checkbox"/> Exhibition or Trade Show  |
| <input type="checkbox"/> <b>Board games</b>   | <input type="checkbox"/> Stage Play, # of stages _____   |
| <input type="checkbox"/> <b>Table Games, # of games _____ (ex. Ping pong table, shuffle board, foosball, etc..)</b>   | <input type="checkbox"/> Trivia  |
| <input type="checkbox"/> <b>Automatic Amusement Devices</b>   | <input type="checkbox"/> Floor Show (Please describe. Ex. Comedian, Dance Performance, Cabaret, etc...)<br>_____ |
| <input type="checkbox"/> Disc Jockey  | <input type="checkbox"/> Athletic Event, (Please describe.)<br>_____   |

1. 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

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

2. 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

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**

**The same manager of record must be on the Alcohol Beverage or Common Victualler license.**

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

- 1. Proposed Manager of Record\*: \_\_\_\_\_
- 2. Home Address: \_\_\_\_\_
- 3. Email Address: \_\_\_\_\_
- 4. Work No.: ( \_\_\_\_\_ ) - \_\_\_\_\_ 5. Cell No.: ( \_\_\_\_\_ ) - \_\_\_\_\_
- 6. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 8. Place of Birth: \_\_\_\_\_
- 9. Mother’s Maiden Name: \_\_\_\_\_ 10. Father’s Name: \_\_\_\_\_
- 11. 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

**PART IV: OPERATION**

- 1. Proposed Capacity of Premise: \_\_\_\_\_
- 2. Number of Restrooms: \_\_\_\_\_
- 3. Number of Egresses (Exits): \_\_\_\_\_
- 4. Hours of Operation on AB/CV License: \_\_\_\_\_
- 5. Proposed Hours of Entertainment: \_\_\_\_\_
- 6. Intended Opening Date (if not open yet): \_\_\_\_\_

**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: \_\_\_\_\_ RELATIONSHIP TO BUSINESS: \_\_\_\_\_

NO.: ( \_\_\_\_\_ ) - \_\_\_\_\_ EMAIL: \_\_\_\_\_