



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 809, Boston, MA 02210 or email it to **MOCAL@boston.gov**.
2. If the premise is not zoned for live entertainment, this will delay the application process. Please contact the Inspectional Services Department or [Zoning Board of Appeals](#).
3. After the application is filed, a hearing *may* be scheduled to take place up to four to eight weeks later. The hearing fee is \$100 and must be paid prior to the hearing date.
4. 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.
5. 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.
6. Both the applicant and the person who will be in control of the premises must appear at the hearing.
7. All applicants must submit the following documents:

DOCUMENT CHECKLIST

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Inspection Certificate <input type="checkbox"/> Certificate of Use and Occupancy (must be zoned for Live entertainment or have #38 noted on Inspection Certificate)
 <i>Inspectional Services Department
 1010 Massachusetts Avenue, 5th floor, Boston, MA 02118
 (617) 635- 5300</i> <input type="checkbox"/> Place of Assembly Permit (For capacities 50 and over)
 <i>Boston Fire Department – Fire Prevention Division
 1010 Massachusetts Avenue, 4th floor, Boston, MA 02118
 (617) 343-3772</i> <input type="checkbox"/> Business (d/b/a) Certificate
 <i>City Clerk’s Office
 1 City Hall Square, Rm. 601, Boston, MA 02201
 (617) 635-4600</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Most recent Alcohol Beverage or Common Victualler (AB/CV) License
 <i>Boston Licensing Board
 1 City Hall Square, Rm. 809, Boston, MA 02201
 (617) 635-4170</i> <input type="checkbox"/> Articles of Organization of the Corporation
 <i>Secretary of the Commonwealth – Corporations Division
 1 Ashburton Place, Rm. 1717, Boston, MA 02108
 (617) 727-9640</i> <input type="checkbox"/> Floor plan
 <i>Please indicate location of live entertainment, floorshow, dance floor, and amusement devices</i> <input type="checkbox"/> Deed or Lease |
|--|---|

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



APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE

PART I: BUSINESS ORGANIZATION

1. Business Name (d/b/a): _____
2. Business Phone No.: _____
3. Business Address: _____
4. (Optional) Attorney's Name: _____
5. Attorney's Address: _____
6. Attorney's Phone No. / Email: _____
7. The business for which this application is being filed is a:
 - Sole Proprietorship, Owner's name: _____
 - Partnership, Partners' name(s): _____
 - Limited Partnership, Partners' name(s): _____
 - Corporation, LLC/Corporation name: _____
8. Employer Identification Number: _____
9. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: _____
10. Was there an approved transfer of Alcohol Beverage/ Common Victualler License within the last year? Yes No
11. Do you have any financial or corporate relationship with the prior owner? Yes No
 - a. **If yes**, please explain: _____
12. 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: _____
13. 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: _____

14. Has the applicant or a director or an officer of the applicant... (If “Yes” to any, please attach an 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, we may process this application for just the non-live entertainment categories while you are pending the live entertainment hearing and approval.

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

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

1. Are you requesting entertainment outside? Yes No (skip a-c)
- a. **If yes, please list the days and hours of the outdoor entertainment:** _____

 - b. **What kind of entertainment would you like outside?** _____

 - c. Have you contacted your [Neighborhood liaison](#) regarding the outdoor entertainment? (This is highly recommended as it may delay the review/approval process.) Yes No

2. 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: _____
3. 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 N/A
 - 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

The same manager of record must be on the Alcohol Beverage or Common Victualler license unless under a management agreement.

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

1. Proposed Manager of Record: _____
2. Home Address: _____
3. Email Address: _____
4. Phone No.: _____
5. 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: _____
3. Number of Egresses (Exits): _____
4. Hours of Operation on Alcohol Beverage or Common Victualler 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: _____