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

1. Number of rooms used for instruction: ______

2. Type of dance floor: ____________________________

3. Number of restrooms: _________________________

4. Number of dressing rooms: _______________________

5. Number of Egresses: ___________________________

6. Location of Egresses: __________________________

SAFETY PRECAUTIONS

1. Number of Smoke Detectors: ______

2. Number of Fire Extinguishers: ______

3. Type of First Aid available: ____________________________

4. Location of First Aid: __________________________

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

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

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

☐ 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