Consumer Affairs and Licensing

Acting Mayor Kim Janey

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 categories of entertainment listed below.

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

- ☐ Audio Device (ex. Radio, mp3 player, etc.)
- ☐ Board games
- ☐ Widescreen TV (larger than 27"), # of _____
- ☐ TV(s)/Monitor(s) (27" & under), # of _____ (Menus on TVs not to be included unless used for entertainment purposes as well)
- ☐ Jukebox
- ☐ Projector / Movie Picture Screen, # of _____
- ☐ Table Games, # of games _____ (ex. Ping pong table, shuffle board, foosball, etc.)
- ☐ Other (please describe, use add'l sheets if necessary)

_____

_____

PART 1: 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, 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: _____

PART II: 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. 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 A STATE OR FEDERAL NARCOTICS LAWS? ☐ Yes ☐ No

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

PART III: 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 date of opening (if not open yet): _____

Please provide a current copy of the following:

☐ Inspection Certificate
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

☐ Alcohol Beverage/Common Victualler (AB/CV) License
Boston Licensing Board
1 City Hall Square, Rm. 809, Boston, MA 02201
(617) 635-4170

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

PART IV: 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: _____