



# Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201  
Telephone: (617) 635-4170 | Email: [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov)

## **APPLICATION FOR POOL, SIPPPIO, AND/OR BILLIARD TABLES AND BOWLING ALLEYS** (Updated 8/2023)

### License Rules

- The Board may issue licenses to persons to keep a billiard, pool or sippio table or a bowling alley for hire, gain or reward, to be **used for amusement only** and **not for the purpose of gaming for money or for property.**
- Pool, Sippio, and/or Billiard Tables and Bowling Alley licenses are effective from January 1st of a given year through December 31st of the following year. They must be renewed annually by the end of November. Licenses not properly renewed are subject to late fees, suspension and/or cancellation.
- Annual Fees – **Please do not submit any payment until instructed to do so.**

Type	Fee
Billiard, pool tables, and Sippio licenses	\$50 base fee plus \$30 / table
Bowling Alley	\$80 base fee plus \$40 /alley

### Application Steps

1. **Community Process** -Contact your neighborhood liaison and meet with the local Neighborhood Association ([www.boston.gov/ons](http://www.boston.gov/ons)) and speak with the District City Councillor (<https://www.boston.gov/departments/city-council>). This should be done prior to the hearing before the Licensing Board. (This can be completed at the same time as #2)
2. Please complete and submit this application with **all** of the documents from the checklist below. **Incomplete or illegible applications will NOT be accepted. Once completed, you may email it to [LicensingBoard@boston.gov](mailto:LicensingBoard@boston.gov) and [Nancy.Mickiewicz@boston.gov](mailto:Nancy.Mickiewicz@boston.gov).**
3. **Application Document Checklist:**
  - Copy of the lease agreement (in the business entity/applicant's name with address) or deed
  - An 8 ½ x 11 floor plan
  - Completed Personal Information Form(s)
  - Criminal Record Information Form(s) for the applicant, owner(s) of the business, manager of the business, and all employees of the business
  - Copy of the Certificate of Occupancy (from Inspectional Services Department)
  - Copy of the Inspection Certificate (from Inspectional Services Department)
  - Copy of the Place of Assembly Permit (from Boston Fire Department- Fire Prevention)
  - Copy of the DBA Certificate (from the City Clerk's Office)
4. **Notify the Abutters** – A Licensing staff person will send you further instructions regarding the abutter's notification, legal ad, and hearing.
5. **Appear at the Licensing Board hearing.**
6. **Receive Licensing Board decision:** If the License is granted, a link to pay licensing fees will be emailed to you. The License will be emailed to you once paid, and must be posted at the place of business in a conspicuous place prior to being able to operate.

**APPLICATION FOR POOL, SIPPJO, AND/OR BILLIARD TABLES AND BOWLING ALLEYS**

1. Name of Entity (Individual/Corporation): \_\_\_\_\_
2. Doing Business As (d/b/a): \_\_\_\_\_
3. Physical Business Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_
5. Business Phone #: \_\_\_\_\_
6. Business Tax EIN Number: \_\_\_\_\_
7. Business Contact Email Address: \_\_\_\_\_
8. Manager of Record: \_\_\_\_\_
9. Manager Phone #: \_\_\_\_\_
10. List the number of any other license you hold from this Board: \_\_\_\_\_
11. Description of Premises (specify floors/areas to be licensed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Hours of operation (opening and closing): \_\_\_\_\_  
 \_\_\_\_\_

13. Total # of Coin-Operated Pool Table: \_\_\_\_\_  
 a. Have these tables been approved by the Division of Standards?      Yes                  No

14. Total # of Pool Tables (Not coin operated): \_\_\_\_\_

15. Total # of Billiard Tables: \_\_\_\_\_

16. Total # of Sippjo Tables: \_\_\_\_\_

17. Total # of Bowling Alleys: \_\_\_\_\_

18. List **all** persons/entities with interest in this license (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial/financial interest). Attach additional pages if necessary.

Name of Person/Entity	Title/Position	# Stock/ % Owned

19. Have any of the above-listed individuals been convicted of gaming? \_\_\_\_\_  
 a. If yes, please specify when and where: \_\_\_\_\_

**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. I affirm that I have read and understand the instructions provided.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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**For the Board's Official Use Only**  
**GRANTED                  REJECTED**

**Restrictions/Conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL INFORMATION FORM**

**Instructions: All owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business must submit a copy of this form.**

Entity Name: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your title as it relates to the business/license: \_\_\_\_\_

Describe your interest in the business/license: \_\_\_\_\_

Place of current employment: \_\_\_\_\_

Employment for the last five years:

Dates	Position	Employer	Employer Address

**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: \_\_\_\_\_



City of Boston  
Licensing & Consumer Affairs

Commissioners:  
Kathleen M. Joyce, Chairman  
Keeana S. Saxon  
Liam P. Curran  
Executive Secretary:  
Daniel Green

**Criminal Record Information Form**

Name: \_\_\_\_\_  
Alias(es), if any: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Name of Corporation/Licensee/Business: \_\_\_\_\_  
Address of Corporation/Licensee/Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*If you have any record of misdemeanors including, but not limited to, drunkenness, simple assault, speeding, minor traffic violations, and affray or disturbance of the peace, and such offenses were disposed of ten or more years prior to the filing of this application, you may be considered to have "No Record" for the purposes of furnishing this department information as to your criminal record.*

I, (print your name) \_\_\_\_\_, applicant for a (print type of license you are requesting) \_\_\_\_\_ in the City of Boston, hereby state I have not been convicted for violation of a State or Federal narcotic law.

I, (print your name) \_\_\_\_\_, do hereby state that I have no record of criminal convictions in any State or Federal Court except those as listed as below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (print your name) \_\_\_\_\_, do hereby state that I have no pending criminal charges for any criminal violations in any State or Federal Court except as those listed below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_.**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**\*\* Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any Licensee granted to the applicant or Corporation in which he/she is a principal or agent.**