

City of Boston Mavor Michelle Wu Consumer Affairs & Licensing

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. You may email it to MOCAL@boston.gov. 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 provide a current and valid 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
- \square 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

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

- □ Audio Device (ex. Radio, mp3 player, etc.)
- \Box Board games
- \Box Widescreen TV (larger than 27"), # of
- \Box TV(s)/Monitor(s) (27" & under), # of

(Menus on TVs not to be included unless used for entertainment purposes as well)

- 1. Are you requesting entertainment **outside**? \Box Yes \Box 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.) \Box Yes \Box No
 - d. Please note, any outdoor entertainment requests may require a hearing before the Licensing Division. Hearings typically are scheduled within four to eight weeks. Do you understand? \Box Yes \Box No

PART 1: BUSINESS ORGANIZATION

- 1. Business Name (d/b/a):
- 2. Business Phone No.:
- 3. Business Address:

- □ Projector / Movie Picture Screen, # of
- □ Jukebox
- □ Other (please describe, use add'1 sheets if necessary)

- 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:

PART II: 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.:
- 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 III: OPERATION

- 1. Proposed Capacity of Premise:
- 2. Number of Egresses (Exits):
- 3. Hours of Operation on Alcohol Beverage or Common Victualler License:
- 4. Proposed Hours of Entertainment:
- 5. 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:	