



**THE CITY OF SPRINGFIELD, MASSACHUSETTS  
MAYOR DOMENIC J. SARNO**

**Application for Entertainment License**

**Do not use this application for Special Event Permit(s) (Under 21; 18 & over; and similar events)**

**Section 1:** Applicant information: New \_\_\_\_\_ Renewal \_\_\_\_\_

Name of Owner (Licensee):

\_\_\_\_\_

Owner is a: Corporation \_\_\_\_\_ Association \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_

Sole Proprietor (i.e. individual) \_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street Address (no P.O. Boxes), City, State and Zip Code

Telephone No.: \_\_\_\_\_ Cell phone/2<sup>nd</sup> Telephone No. \_\_\_\_\_

FID/SS No. of Owner(Licensee): \_\_\_\_\_

Business Name (d/b/a name, if different from owner):

\_\_\_\_\_

Address of Premises: \_\_\_\_\_

Telephone No. of premises: \_\_\_\_\_

Manager of Record: \_\_\_\_\_

Manager's Telephone No. \_\_\_\_\_

**Section 2:** Person (attorney if applicable) who may be contacted concerning this application

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

Address: \_\_\_\_\_  
Street Address (no P.O. Boxes), City, State and Zip Code

Telephone No.: \_\_\_\_\_ Cell phone No.: \_\_\_\_\_

**Section 3:** Type of entertainment to be offered (check all that apply):

<input type="checkbox"/>	Juke Box	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Television
<input type="checkbox"/>	Dancing by patrons	<input type="checkbox"/>	Dancing by entertainers	<input type="checkbox"/>	Recorded Music
<input type="checkbox"/>	Live Music	<input type="checkbox"/>	Amplification System	<input type="checkbox"/>	Play
<input type="checkbox"/>	Moving Picture Show	<input type="checkbox"/>	Floor Show	<input type="checkbox"/>	Light Show
<input type="checkbox"/>	Theatrical Exhibition	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	any other dynamic audio or visual show, whether live or recorded (please specify)				

**Section 4:** Please list the hours that Entertainment will be offered.

	OPEN	CLOSE
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>SATURDAY</b>		
<b>SUNDAY</b>		

**Section 5:** Fees (check or money order only)

<b>Business offering jukebox; radio; television ONLY</b>		
<input type="checkbox"/>	Monday thru Saturday	\$50.00 City of Springfield
<input type="checkbox"/>	Sunday	\$200.00 City of Springfield
<input type="checkbox"/>	Sunday (open noon to midnight)	\$100.00 Commonwealth of Massachusetts
<input type="checkbox"/>	Sunday (open 1:00 p.m. to midnight)	\$50.00 Commonwealth of Massachusetts

<b>Business offering all forms of entertainment (including jukebox; radio; television)</b>		
<input type="checkbox"/>	Monday thru Saturday	\$100.00 City of Springfield
<input type="checkbox"/>	Sunday	\$400.00 City of Springfield
<input type="checkbox"/>	Sunday (open noon to midnight)	\$100.00 Commonwealth of Massachusetts
<input type="checkbox"/>	Sunday (open 1:00 p.m. to midnight)	\$50.00 Commonwealth of Massachusetts

**Section 6a:** Please state whether the applicant is applying for indoor and/or outdoor entertainment (i.e.: patio roof-top etc). If outdoor the applicant must provide proof of ownership/lease for use of the outdoor space.

\_\_\_\_\_ **INDOOR**      \_\_\_\_\_ **OUTDOOR**

**Section 6b:** If outdoor , please describe what efforts the applicant/business has taken to reduce the impact of NOISE from outdoor entertainment on neighboring residents and businesses.

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**Section 7:** Give a complete description of the entertainment to be offered and the premises to be licensed, including floors and location of all entrances and exits.

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**Section 7a:** Seating Capacity: \_\_\_\_\_ Occupancy Number: \_\_\_\_\_

**Section 8: Liquor License**

Does the above applicant have a license to sell alcohol?

\_\_\_\_\_ Yes (Please attach copy of liquor license and proceed to section 9a)

\_\_\_\_\_ No (**Applicant must fill out form 2 and proceed to section 9**)

**Section 9a:** In the previous year, has the applicant been summoned to appear before the Springfield Board of License Commissioners for ANY type of hearing including but not limited to informational hearings, pre-hearing conferences, and or final hearings?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe the offense and outcome of said hearing (you may attach a separate sheet if necessary)

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**Section 9b:** In the past year , has the applicant received a letter from the Springfield Board of License Commissioners regarding any incident(s) which allegedly may have occurred on the licensed premises? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state the reason for the letter of warning

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**Section 10:** Please state whether as part of the entertainment to be offered any person will be permitted to appear on the premises or depicted in any motion picture or television screen, in any manner or attire so as to expose to public view any portion of the pubic area, anus, or genitals, or any simulation thereof, or whether any female person will be permitted to appear on the premises in any manner or attire as to expose to the public view any portion of the breast below the top of the areola, or any simulation thereof. YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe in detail the manner in which such person will be presented:

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**Section 11:** Has the applicant or any partners thereof ever been denied an entertainment license?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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**Section 11a:** Has the Applicant or any partners thereof ever held, in their name or any other name, an Entertainment license which was suspended or revoked.

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain (use a separate sheet if necessary):

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**Section 11b:** Has the applicant or any partners thereof ever held an entertainment license in their name or any other name where they were summoned to an informational meeting, or violation meeting in front of the Mayor for ANY reason.

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain in detail and include any action which was taken

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**Section 12:** Has the applicant or any partners thereof ever been convicted of a felony?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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- \* Each sole proprietor or individual applicant must sign below.
- \* Applications by a partnership must be signed by a majority of the partners.
- \* Applications by a corporation must be signed by a duly authorized officer or designee.
- \* Applications by an association must be signed by a majority of the members of the governing body.
- \* Applications by an LLC must be signed by a duly authorized managing member or designee.

**All signers must answer question 12.**

**False information or failure to disclose information is reason to revoke a license or deny a license application.**

**AFFIRMATION**

Under the pains and penalties of perjury, I/we affirm that the preceding answers are true to the best of my/our knowledge and belief, and that there are no other direct or indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT(S)      SOCIAL SECURITY NUMBER(S)

DATE SIGNED \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

**NOTICE**

Pursuant to Massachusetts General Laws C. 140, Sec. 181 an entertainment license may be denied, suspended or revoked if it is determined that such a license would lead or leads "to the creation of a nuisance or would endanger the public health, safety or order by: (a) unreasonably increasing pedestrian traffic in the area in which the premises are located; (b) increasing the incidence of disruptive conduct in the area in which the premises are located; or (c) unreasonably increasing the level of noise in the area in which the premises are located."

**TAX AFFIDAVIT**

I \_\_\_\_\_, authorized agent of \_\_\_\_\_ (“Licensee”) hereby certify under the pains and penalties of perjury that: 1) the above information is true and correct; 2) The Licensee has complied with all City of Springfield and Commonwealth of Massachusetts taxes required by law and the Licensee has not neglected or refused to pay any fees, assessments, betterments or any other municipal or commonwealth charges; and 3) the Licensee is an entity in good standing with the Secretary of the Commonwealth of Massachusetts and/or the Licensee has filed a “D/B/A (Doing Business As) Certificate ” (a/k/a “Business Certificate”) with the Clerk of the City of Springfield.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**THE COMMONWEALTH OF MASSACHUSETTS**

\_\_\_\_\_ County , ss.

On this \_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned Notary Public, personally appeared the above entitled \_\_\_\_\_ of \_\_\_\_\_ proved to me thorough satisfactory evidence of identification which was \_\_\_\_\_ to be the person whose name is signed on the preceding and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
, Notary Public  
My Commission Expires: