



**THE CITY OF SPRINGFIELD, MASSACHUSETTS  
MAYOR DOMENIC J. SARNO  
Annual Movie Theater Application  
2021**

**Section 1**

Name to appear on the license:

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

Manager of Record: \_\_\_\_\_ FID of Licensee: \_\_\_\_\_

Address of Premises:

Phone number of premises: \_\_\_\_\_

**Section 2**

Number of screens: \_\_\_\_\_ Rating of Movies \_\_\_\_\_

**Section 3** Person (attorney if applicable) who can be contacted concerning this application

Name:

Address:

Phone Number:

**Section 4: Please list hours of Operation**

	FROM	TO
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		
<b>SATURDAY</b>		
<b>SUNDAY</b>		

- Movie Theater license runs Monday thru Sunday and requires a fee of \$500 made payable to the City of Springfield.

**Section 4a Please state whether applicant is applying for indoor or outdoor showings (ie: drive-in) if outdoor applicant must provide proof of ownership/lease for outdoor use.**

**INDOOR                      OUTDOOR**

**4b** 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 5** Give a full complete description of the theater to be offered and the premises to be licensed, including floors and location of all entrances and exits, concession stands and ticket booths. \_\_\_\_\_

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5a.  
Seating Capacity: \_\_\_\_\_ Occupancy Number: \_\_\_\_\_

**Section 6**

Applicant is an:

- Association  Corporation  Sole Proprietor (i.e. Individual)
- Partnership  Non-profit corporation  LLC

**Section 7**

Does the above applicant present have a license to sell alcohol?

- Yes-please attach copy of liquor license and proceed to section 7a
- No

**If no applicant must fill out form 2 and proceed to section 8**

**7a** In the previous year, has the applicant been summonsed before the License Commission for ANY 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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**7b.** In the past year, has the applicant received a letter of warning for the Springfield Board of License Commissioners? YES NO

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

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**Section 8**

Please state whether as part of the theater 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 9**

Has the applicant or any partners thereof even been denied a license issued by the City of Springfield? YES NO

If yes please explain

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**9a** Has the Applicant or any partners thereof ever held, in their name or any other name, a license issued by the City of Springfield which was suspended or revoked. YES NO

If yes please explain

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**9b** Has the applicant or any partners thereof ever held license issued by the City of Springfield in their name or any other name where they were summonsed to an informational meeting, or violation hearing or any other meeting for any reason?

YES NO

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

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**Section 10.**

Has the applicant, any partners/officers/members thereof, or any signers below, 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 duly a duly authorized managing member or designee.

**All signers must answer question 10.**

**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)  
DATE SIGNED

SOCIAL SECURITY NUMBER(S)

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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.”

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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 “DBA (Doing Business As) Certificate ” (aka “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: