



**THE CITY OF SPRINGFIELD, MASSACHUSETTS
MAYOR DOMENIC J. SARNO
2025**

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/2nd 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):

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

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

If you are requesting Entertainment between the hours of 1:00AM and 2:00AM a Late-Night Entertainment Hearing is required.

	OPEN	CLOSE
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Late Night Ent Hearing Required

Section 5: Fees (check or money order only)

Business offering jukebox; radio; television ONLY		
	Monday thru Saturday	\$50.00 City of Springfield
	Sunday	\$200.00 City of Springfield
	Sunday (open noon to midnight)	\$100.00 Commonwealth of Massachusetts
	Sunday (open 1:00 p.m. to midnight)	\$50.00 Commonwealth of Massachusetts

Business offering all forms of entertainment (including jukebox; radio; television)		
	Monday thru Saturday	\$100.00 City of Springfield
	Sunday	\$400.00 City of Springfield
	Sunday (open noon to midnight)	\$100.00 Commonwealth of Massachusetts
	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.

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.

Section 7a: Seating Capacity: _____ Occupancy Number: _____

Section 8: Violation History:

Does the above applicant have a license to sell alcohol?

_____ Yes

_____ No

Section 8a: In the previous year, has the applicant been summoned to appear before the Springfield Board of License Commissioners or the Mayor 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)

Section 8b: In the past year, has the applicant received a letter from the Springfield Board of License Commissioners or the Mayor 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

Section 9: 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:

Section 10: Has the applicant or any partners thereof ever been denied an entertainment license?

YES _____ NO _____

If yes, please explain:

Section 10a: 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):

Section 11: Has the applicant or any partners of theirs ever been convicted of a felony?

YES _____ NO _____

If yes, please explain:

- * 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 11.

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 _____

_____	_____
_____	_____
_____	_____
_____	_____

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 CERTIFICATION AFFIDAVIT

Individual Social Security Number State Identification Number Federal Identification Number

If sole proprietor please provide Driver License Number and DOB: _____

Company: _____

P.O. Box (if any): _____ Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

State whether the applicant is a:

- Corporation _____
- Individual _____ Name of Individual: _____
- Partnership _____ Names of all Partners: _____
- Limited Liability Company _____ Names of all Managers: _____
- Limited Liability Partnership _____ Names of Partners: _____
- Limited Partnership _____ Names of all General Partners: _____

I UNDERSTAND THAT ANY FALSE STATEMENTS CONTAINED HEREIN MAY RESULT IN THE REJECTION OF THIS APPLICATION, OR THE SUBSEQUENT REVOCATION OF MY CURRENT LICENSE.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best
(Authorized agent) (Applicant)
knowledge and belief, has/have complied with all **United States Federal taxes** required by law.

Applicant Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Applicant) (Authorized agent)
belief, has/have complied with all **City of Springfield taxes** required by law (or has/have entered into a Payment Agreement with the City).

Applicant Authorized Person's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____
(Authorized agent) (Applicant)

to my best knowledge and belief, has/have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Applicant BY: _____ Date: _____
Authorized Person's Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____, 202__

Then personally appeared before me [name] _____, [title] _____

of [company name] _____, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] _____.

Notary Public

My commission expires: _____

NOTE***If the applicant has not held a license in the year prior to this application, applicant must file a duplicate of this application with the registrar. (See MGL 140 § 59).**

YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST FILE THIS FORM WITH YOUR Application.