



**THE CITY OF SPRINGFIELD, MASSACHUSETTS  
MAYOR DOMENIC J. SARNO  
2026**

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

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

Late Night Ent Hearing Required ☐

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

<b>Business offering jukebox; radio; television ONLY</b>		
	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

<b>Business offering all forms of entertainment (including jukebox; radio; television)</b>		
	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.

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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: 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)

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**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

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**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:

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

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

If yes, please explain:

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**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):

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**Section 11:** Has the applicant or any partners of theirs 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 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.**