



## TOWN ADMINISTRATION SELECT BOARD

### **APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE\***

#### **DIRECTIONS**

1. The applicant should complete this application and file it with the Town Administration Office, 190 South Street, Plainville, MA 02762.
2. After the application is filed, a hearing *may* be scheduled take place (3) to (4) weeks later.
3. A hearing notice will be provided to the applicant, who must publicize and serve said hearing notice pursuant to the guidelines provided to the applicant with the required notice.
4. Both the applicant and the person who will be in control of the premises must appear at the hearing.
5. All applicants must submit the following documents:

#### **DOCUMENT CHECKLIST**

Both Inspection Certificate **and** Certificate of Use and Occupancy (must be zoned for Live on Inspection Certificate)  
*Building Commissioners Office  
190 South Street, Plainville, MA 02762  
(508) 576-8491*

Place of Assembly Permit (For capacities 50 and over)  
*Plainville Fire Department – Fire Prevention  
(508) 695-5252*

Business (d/b/a) Certificate  
*Town Clerk's Office  
190 South Street, Plainville, MA 02762  
(508) 576-1857*

Most recent Alcohol Beverage or Common Victualler (AB/CV) License  
*Select Board  
190 South Street, Plainville, MA 02762  
(508) 695-3010*

Articles of Organization of the Corporation  
*Secretary of the Commonwealth – Corporations  
Division 1 Ashburton Place, Rm. 1717, Boston, MA 02108  
(617) 727-9640*

Floor plan  
*Please indicate location of live entertainment, floorshow, dance floor, and amusement devices*

Deed or Lease

**\* For applicants wishing to offer live entertainment for up to seven days per week.**

## **APPLICATION FOR ANNUAL LIVE ENTERTAINMENT LICENSE**

### **PART I: BUSINESS ORGANIZATION**

1. Business Name (d/b/a): \_\_\_\_\_ 2. Business No.: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

4. Attorney's Name: \_\_\_\_\_ 5. Attorney's No.: \_\_\_\_\_

6. Attorney's Address: \_\_\_\_\_

7. Attorney's Email: \_\_\_\_\_

8. The business for which this application is being filed is a: (please select)

- Sole Proprietorship, Owner's name: \_\_\_\_\_
- Partnership, Partners' name(s): \_\_\_\_\_
- Limited Partnership, Partners' name(s): \_\_\_\_\_
- Corporation, Corporation name: \_\_\_\_\_

(Please list the name and home address of each officer, director and each shareholder as well as the amount of stock in the corporation owned by each. If necessary, submit cover sheet.)

9. Employer Identification Number: \_\_\_\_\_

10. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: \_\_\_\_\_

11. Was there an approved transfer of Alcohol Beverage/ Common Victualler License within the last year?  Yes  No

12. Do you have any financial or corporate relationship with the prior owner?  Yes  No

13. If yes, please explain: \_\_\_\_\_

14. Does anyone who holds direct or indirect interest in the premises hold direct or indirect interest in any other premises which has an entertainment license in the Town?  Yes  No

15. If yes, please explain: \_\_\_\_\_

16. Has anyone who holds direct or indirect interest in the premises ever been denied an entertainment license or had an entertainment license suspended, revoked, or voluntarily surrendered an entertainment license in any jurisdiction? • Yes • No

If yes, please attach explanation and dates and indicate the person with the aforementioned interest: \_\_\_\_\_

17. Has the applicant or a director or an officer of the applicant: (If "Yes" to any, please attach explanation)

- a. Been convicted of a felony within the past seven years?  Yes  No
- b. Held an interest in an Alcohol Beverage or Common Victualler license which has been suspended or revoked, or voluntarily

surrendered?  Yes  No

c. Any knowledge of illegal activity by its principals which may affect this license or the licensed premises?  Yes  No

## **PART II: ENTERTAINMENT**

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

<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Trivia
<input type="checkbox"/> Dancing by Patrons	<input type="checkbox"/> Floor Show (Please describe. Ex. Comedian, Dance Performance, Cabaret, etc...)
<input type="checkbox"/> Karaoke	
<input type="checkbox"/> Instrumental Music, # of _____	
<input type="checkbox"/> Vocal Music, # of _____	<input type="checkbox"/> Athletic Event, (Please describe.)
<input type="checkbox"/> Exhibition or Trade Show	
<input type="checkbox"/> Stage Play, # of stages _____	

**\*If you do not currently hold a non-live entertainment license for the bolded entertainment above, you can submit a non-live application while your live application is pending hearing and approval.**

1. As part of the entertainment, will any entertainer, employee or person on the licensed premises be permitted to be unclothed or in such attire as to expose to view any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals?

Yes  No

**If yes**, please describe: \_\_\_\_\_

2. If you are restricting admission for ENTERTAINMENT to adults as a matter of practice, is the premises licensed within the Adult Entertainment District?  Yes  No

**If no**, has ENTERTAINMENT on the premises been restricted to the adult continuously since 1974, or prior thereof?  Yes  No

## **PART III: MANAGER OF RECORD**

Please provide the following information on the proposed manager of record:

1. Proposed Manager of Record\*: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Work No: \_\_\_\_\_
5. Cell No: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 8. Mother's Maiden Name: \_\_\_\_\_

7. Place of Birth: \_\_\_\_\_ 9. Father's Name: \_\_\_\_\_

10. 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

\* **The same manager of record must be on the Alcohol Beverage or Common Victualler license.**

#### **PART IV: OPERATION**

1. Proposed Capacity of Premise: \_\_\_\_\_

2. Number of Restrooms: \_\_\_\_\_

3. Number of Egresses (exits): \_\_\_\_\_

4. Hours of Operation on AB/CV License: \_\_\_\_\_

5. Proposed Hours of Entertainment: \_\_\_\_\_

6. 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: \_\_\_\_\_

VOICE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_