



## BOARD OF SELECTMEN

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

#### **DIRECTIONS**

1. The applicant should complete this application and file it with the Board of Selectman, 122 Main Street, Acushnet, MA 02743.
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. The applicant should contact interested community organizations. If help is needed in identifying community organizations, the Town Clerk's Office will provide assistance.
5. Both the applicant and the person who will be in control of the premises must appear at the hearing.
6. All applicants must submit the following documents:

#### **DOCUMENT CHECKLIST**

- |  |   |
|--|---|
| <input type="checkbox"/> Both Inspection Certificate <b>and</b> Certificate of Use and Occupancy (must be zoned for Live on Inspection Certificate)<br><i>Building Commissioners Office<br/>130 Main Street, Acushnet, MA 02743<br/>(508) 998-0200 x4225</i> | <input type="checkbox"/> Most recent Alcohol Beverage or Common Victualler (AB/CV) License<br><i>Board of Selectmen<br/>122 Main Street, Acushnet, MA 02743<br/>(508) 998-0200 x4200</i>                  |
| <input type="checkbox"/> Place of Assembly Permit (For capacities 50 and over)<br><i>Acushnet Fire Department – Fire Prevention<br/>(508) 998-0250</i>   | <input type="checkbox"/> Articles of Organization of the Corporation<br><i>Secretary of the Commonwealth – Corporations<br/>Division 1 Ashburton Place, Rm. 1717, Boston, MA 02108<br/>(617) 727-9640</i> |
| <input type="checkbox"/> Business (d/b/a) Certificate<br><i>Town Clerk's Office<br/>130 Main Street, Acushnet, MA 02743<br/>(508) 998-0200 x4215</i>   | <input type="checkbox"/> Floor plan<br><i>Please indicate location of live entertainment, floorshow, dance floor, and amusement devices</i>   |
|  | <input type="checkbox"/> 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"/> <b>Audio Device (ex. Radio, Mp3 player, etc.)*</b>  | <input type="checkbox"/> Karaoke   |
| <input type="checkbox"/> <b>Jukebox*</b>   | <input type="checkbox"/> Instrumental Music, # of ____   |
| <input type="checkbox"/> <b>TV(s)/Monitor(s) (27" &amp; under), # of ____*</b> (Menus on TVs not to be included unless for entertainment purposes as well) | <input type="checkbox"/> Vocal Music, # of ____  |
| <input type="checkbox"/> <b>Widescreen TV (&gt;27"), # of ____*</b>  | <input type="checkbox"/> Exhibition or Trade Show  |
| <input type="checkbox"/> <b>Projector/Movie Screen, # of ____*</b>   | <input type="checkbox"/> Stage Play, # of stages ____  |
| <input type="checkbox"/> <b>Board games*</b>   | <input type="checkbox"/> Trivia  |
| <input type="checkbox"/> <b>Table Games, # of games ____*</b> (ex. Ping pong table, shuffle board, foosball, etc..)  | <input type="checkbox"/> Floor Show (Please describe. Ex. Comedian, Dance Performance, Cabaret, etc...)<br>_____ |
| <input type="checkbox"/> Disc Jockey   | <input type="checkbox"/> Athletic Event, (Please describe.)<br>_____   |
| <input type="checkbox"/> Dancing by Patrons  |  |

**\*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

If you are applying for any type of **automatic amusement game** machine, please answer the following:

1. Total Number of Games/Machines: \_\_\_\_\_

2. Name(s) of Game/Machine: \_\_\_\_\_
3. Manufacturer and Manufacturer's Serial Number(s): \_\_\_\_\_
4. Will you own the coin-controlled game(s)? ☐ Yes ☐ No
5. If "No", please provide the name, address and telephone number of the owner/vendor of the games: \_\_\_\_\_
6. Is this game(s) approved by the State Division of Standards? ☐ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. Place of Birth: \_\_\_\_\_
8. Mother's Maiden Name: \_\_\_\_\_
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: \_\_\_\_\_