

## GUIDE TO BILLIARD/POOL TABLE & BOWLING ALLEY LICENSES

Pursuant to MGL Ch. 140 Sec. 177, a license must be obtained before keeping any billiard/pool table or bowling alleys on one's premises. Licensure is valid from the date of the license through the following April 30. The fee is \$60.00 per table or alley. The public hearing fee is \$75.00.

To complete the application:

1. Fill in the Application for a Billiard/Pool Table & Bowling Alley License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit.
2. For new applicants OR applicants adding tables or alleys, contact the Inspectional Services Department to arrange an inspection and a sign-off on the Application (617 625-6600 x5600).
3. For new applicants OR applicants adding tables or alleys, proceed to the Police Department to obtain the approval of the Police Chief, as follows:  
Police Department Monday–Friday, 8:30 AM – 4:00 PM  
220 Washington Street  
617 625-6600 x7200
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:  
Treasury Monday–Wednesday, 8:30 AM – 4:00 PM  
93 Highland Avenue (City Hall) Thursday, 8:30 AM – 7:00 PM  
617 625-6600 x3500 Friday, 8:30 AM – 12:00 PM
5. Submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100, with the fee, and, for new applicants OR applicants adding tables or alleys, the Public Hearing fee.
6. The City Clerk will submit the application to the Board of Aldermen. You do not need to be present. The Board usually meets on the 2nd and 4th Thursday of the month. The Board will forward the application to the Committee on Licenses & Permits for a review and, for new applicants, a Public Hearing.
7. For new applicants OR applicants adding tables or alleys, the City Clerk will inform you of the date for the Public Hearing before the Committee on Licenses and Permits. You should attend the Public Hearing. Obtain from the City Assessor's Office a list of all property owners abutting the location. Complete an Abutter Public Hearing Notification letter for each abutter, telling them about your application and the Public Hearing. Send the Abutter Public Hearing Notification letter, by Certified Mail-Return Receipt Requested, to each abutter at least ten days before the hearing. Collect all of the Return Receipts and submit them to the City Clerk.
8. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued. The City Clerk will notify you of the Board of Aldermen's decision.

**APPLICATION FOR A BILLIARD/POOL TABLE  
& BOWLING ALLEY LICENSE**

Application Fee \$60.00 per table or alley

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 Corporation (inc. LLC)  Other \_\_\_\_\_

**IF A SOLE PROPRIETOR:**

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

**IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):**

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Number to be licensed:      \_\_\_\_\_Billiard Tables      \_\_\_\_\_Pool Tables      \_\_\_\_\_Bowling Alleys

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The Inspectional Svcs. Dept. recommends that the application be:    \_\_\_\_\_Approved    \_\_\_\_\_Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be:    \_\_\_\_\_Approved    \_\_\_\_\_Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate                       Water/Sewer                       Personal Property                       Other: \_\_\_\_\_

# \_\_\_\_\_                      # \_\_\_\_\_                      # \_\_\_\_\_                      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	