

GUIDE TO ENTERTAINMENT LICENSES

Pursuant to Ordinance 2-219, a license must be obtained before any entertainment may be permitted at any establishment. Licensure is valid from the date of the license through the following December 31 only. The nonrefundable Application fee is \$50.00, and the nonrefundable License fee is \$250.00 for Entertainment by Performers, \$250.00 for Entertainment by Patrons, and \$250.00 for Entertainment by Devices.

To complete the application:

1. Fill in the Application for an Entertainment 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 Entertainment by Performers, proceed to each of these Departments to obtain sign-offs. For Entertainment by Patrons, just proceed to Inspectional Services to obtain a sign-off. For Entertainment by Devices, no sign-offs from these Departments are necessary.

Fire Prevention Bureau: 617 623-1700 x8400	Mon-Fri 8AM-10AM, 3PM-4PM 1 Franey Road (DPW, by Trum Field on Broadway)
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Inspectional Services Division: 617 625-6600 x5600	Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon 1 Franey Road (DPW, by Trum Field on Broadway)
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3. Contact the Ward Alderman and any neighborhood groups to discuss the application and any questions or concerns.
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: 617 625-6600 x3500	Mon-Wed 8:30-4PM, Thu 8:30-7PM, Fri 8:30-Noon 93 Highland Avenue (City Hall)
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5. Submit the application and the nonrefundable application fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, 617 625-6600 x4108, email licensing@somervillema.gov, fax 617 625-4239. The Licensing Commission usually meets on the 3rd Monday of the month. Applications must be submitted at least 20 days before the meeting. Applicants must attend the meeting.
6. The Licensing Commission will schedule a public hearing on the application, and will advertise, at the expense of the petitioner, the hearing in a designated local newspaper at least twice not less than 7 days before the hearing.

APPLICATION FOR AN ENTERTAINMENT LICENSE

Fees \$50 nonrefundable application fee
\$250 for entertainment by performers
\$250 for entertainment by patrons
\$250 for entertainment by devices

FOR LICENSING COMMISSION ONLY

Date Recorded _____

Amount Paid _____

Business (DBA) Name: _____ Phone: _____

Business Location in Somerville (with zip code): _____

Applicant's Federal Employer Identification Number: _____

Have you ever obtained an entertainment license before? Y __ N __

If yes, list year, city and state: _____

Have you ever had an entertainment license denied, revoked or suspended? Y __ N __

If yes, explain: _____

Will all entertainment be accessible to all ages and all classes of the public? Y __ N __

If no, explain: _____

Will any entertainment expose to view any portion of the pubic area, anus, genitals, Y __ N __
 or female breast below the top of the areola, or any simulation of these areas?

If yes, explain: _____

ENTERTAINMENT BY PERFORMERS

Describe any entertainment by performers (Musicians, comedians, actors, athletes, DJs, etc.): _____

Number of stages or separate areas of entertainment by performers: _____

Attach a copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed locations of the stages or areas of entertainment.

Obtain the signatures below before submitting this form to the Licensing Commission.

__Preliminary Meeting Date _____ _____ Fire Prevention Deputy Chief or Designee	__Preliminary Meeting Date _____ _____ Inspectional Services Sup't or designee
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ENTERTAINMENT BY PATRONS

Describe any entertainment by patrons (Dancing, dart boards, karaoke, etc.):_____

Number of dance floors or separate areas of entertainment by patrons:_____

Attach a copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed locations of the dance floors or areas of entertainment by patrons.

Obtain the signature below before submitting this form to the Licensing Commission.

__Preliminary Meeting Date_____	
_____ Inspectional Services Sup't or designee	

ENTERTAINMENT BY DEVICES

Describe any entertainment by devices (Audio systems, Film projectors, TVs, juke boxes, etc.)
Include the maximum number of each device located on the premises:_____

Total number of devices located on the premises:_____

Attach a copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed locations of the devices.

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. 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.

Signature of Applicant:_____ Date:_____

Print Name:_____ Phone:_____



City of Somerville, Massachusetts
Finance Department, Treasury Division

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). | Business Type: | <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 #: _____	