

ENTERTAINMENT LICENSE APPLICATION/INSTRUCTIONS

Submit completed application packet to the office of the Board of Selectmen.

Application includes:

1. General Town application form
2. Workers' Compensation Affidavit.
3. Cover letter describing the entertainment being applied for.
4. Commonwealth of MA License for Public Entertainment on Sunday application **(only if entertainment will include Sundays).**

Your application will be placed on the next available Selectmen's meeting agenda. Please provide a daytime telephone number so that we may notify you of that date. You should plan to be present at the meeting to answer any questions that the Board may have.

Upon approval by the Board of Selectmen, you will receive written notification that your license may be picked up, and paid for, at the office of the Town Clerk, 20 Centre Street (1st floor Eastern Bank building). Please refer to the "fee" schedule for the amount due. Please note that Entertainment licenses are renewed annually on January 1st.

If you have any questions, please feel free to contact me in the Selectmen's office at 508 946-2405.

Jackie Shanley, Confidential Secretary
BOARD OF SELECTMEN

Public Entertainment License Fees

SUNDAY (Lord's Day) PUBLIC ENTERTAINMENT - STATE FEES

(Checks made payable to Commonwealth of Massachusetts)

Yearly permit = when entertainment is provided on an on-going basis throughout the year
\$50 flat rate if entertainment begins at 1 pm or after.
\$100 flat rate if entertainment begins prior to 1 pm.

If issuing a "Yearly" permit, specific dates are not required on the State form, however, hours are required. Type the year in place of specific dates. **Example:**
"2013 Motor Cross Racing Permi".

Daily permit = when entertainment is provided on a limited number of days.
\$2 per day if entertainment begins at 1 pm or after.
\$5 per day if entertainment begins prior to 1 pm.

If the event is not open to the public on "practice days/rehearsal days", then "those dates" do not need to be included on the application (which also means no fee is charged).

If the event is open to the public, the permit should state either "Yearly permit" or specify practice dates (applicable fees apply).

WEEKDAY & SUNDAY PUBLIC ENTERTAINMENT - TOWN FEES

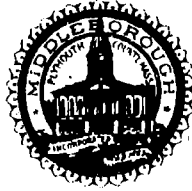
(Checks made payable to Town of Middleborough)

Weekday "**Daily**" permit = \$5 per event
Weekday "**Yearly**" permit = \$25

Sunday "**Yearly**" permit = when entertainment is provided on an on-going basis throughout the year:

\$50 flat rate if entertainment begins at 1 pm or after.
\$100 flat rate if entertainment begins prior to 1 pm.

Sunday "**Daily**" permit = when entertainment is provided on a limited number of days.
\$2 per day if entertainment begins at 1 pm or after.
\$5 per day if entertainment begins prior to 1 pm.



Town of Middleborough

Massachusetts

BOARD OF SELECTMEN
APPLICATION FOR LICENSE (PLEASE TYPE OR PRINT CLEARLY)

DATE _____
NAME OF APPLICANT _____
ADDRESS OF APPLICANT _____
ASSESSORS MAP & LOT _____
DAYTIME TELEPHONE _____

NAME OF BUSINESS _____
OWNER OF PROPERTY TO BE LICENSED _____
ADDRESS OF PROPERTY TO BE LICENSED _____
ASSESSORS MAP & LOT _____

TYPE OF LICENSE REQUESTED (Check One)

2 nd Hand _____	WRPD _____
Class I Automobile Dealer License _____	Earth Removal Permit _____
Class II Automobile Dealer License _____	Liquor License _____
Class III Automobile Dealer License _____	Junk Dealer _____
Entertainment _____	Other _____

Anticipated Start Date for Business: _____
Days & Hours of Operation: _____

Has the applicant previously held a similar license in the Town of Middleborough or elsewhere?
If yes, explain:

Signature _____

DATE OF HEARING: _____

Please bring to the Treasurer/Collector's office @ the Town Hall Annex, 20 Center Street, 3rd floor to obtain confirmation/signature that no outstanding taxes/municipal charges exist.

Dear Treasurer/Collector:

Please inform this department as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____

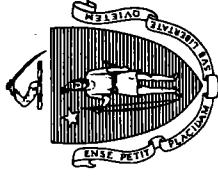
THE COMMONWEALTH OF MASSACHUSETTS

State Fee, \$ _____

Municipal Fee, \$ _____

OF
LICENSE

for
Public Entertainment on Sunday



is hereby granted a

(Name of licensee)

license for _____ on _____ (Date)

(Type of entertainment)

to be conducted at No. _____ Street.

The name of the establishment is _____

This license is granted and accepted, and the entertainment approved, upon the understanding that such entertainment will not commence before 1 P.M. and that the licensee shall comply with the laws of the Commonwealth applicable to licensed entertainments, and also to the following terms and conditions:

The licensee shall not advertise his place of amusement, or any performance or exhibition therein, by means of pictorial posters or placards of an obscene or indecent nature; shall not, in his place of amusement, allow any person to wear a head covering which obstructs the view of other spectators; shall at all times allow any person designated in writing by the Mayor, Board of Selectmen, or Commissioner of Public Safety, to enter and inspect his place of amusement and view the exhibitions and performances therein; shall permit regular police officers, detailed by the Commissioner of Public Safety or Chief of the local Police Department to enter and be about his place of amusement during performances therein; shall employ to preserve order in his place of amusement only regular or special police officers designated therefor by the Chief of Police, and shall pay to said Chief of Police for the services of the regular police officers such amount as shall be fixed by him; shall permit at all times to enter and be about his place of amusement such members of the Fire Department as shall be detailed by the Chief Engineer of the Fire Department to guard against fire; shall keep in good condition, so as to be easily accessible, such standpipes, hose, water pails, axes, chemical extinguishers and other apparatus as the Chief Engineer of the Fire Department may require; shall allow such members of the fire department, in case of any fire in such place, to exercise exclusive control and direction of his employees and of the means and apparatus provided for extinguishing fire therein; shall permit no obstruction of any nature in any aisle, passageway or stairway of the licensed premises, nor allow any person therein to remain in any aisle, passageway or stairway during an entertainment; and shall conform to any other rules and regulations at any time made by the Mayor or Board of Selectmen.

This license shall be kept on the premises where the entertainment is to be held, and shall be surrendered to any regular police officer or authorized representative of the Commissioner of Public Safety.

This license is issued under the provisions of Chapter 136 of the General Laws, as amended, and is subject to revocation at any time by the Mayor, Board of Selectmen, or Commissioner of Public Safety.

Mayor or Selectmen

Do not write in this space

The following numbers shown on program submitted are not approved:

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES



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

Workers' Compensation Insurance Affidavit - General Businesses

Please PRINT legibly

Applicant Information:

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

- I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 I am an employer with _____ employees (full & part time). Office Sales (including Real Estate, Autos etc.)
 I am an employer providing workers' compensation for my employees working on this job. Other

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

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 year's 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 _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406