

## **Town of Blackstone Entertainment License New Application Process**

**For entertainment, not on Sunday per MGL c140, §183a. Theatrical Exhibitions, Public Amusement, etc. For the State of Massachusetts and the Town of Blackstone:**

\_\_\_ Complete the "Entertainment License Application" per MGL c140, §183a.

\_\_\_ **Workers Compensation Certificate of Insurance** per MGL c152, §25A. Contact your insurance company and have them fax it to the Board of Selectmen 508-883-7043

\_\_\_ **State Workers' Compensation Insurance Affidavit** — Even if your establishment does not require Workers' Compensation this must be filled out.

\_\_\_ **Business Certificate** per MGL c110, §5&6; Any person conducting business in the commonwealth under any title other than the real name of the person conducting the business, whether individually or as a partnership, or under the true corporate name. See the Town Clerk.

\_\_\_ **Emergency Contact information** to include: Contact name and phone number, hours of operation and whether or not the premises are alarmed.

\_\_\_ Check made out to the Town of Blackstone per table below:

**Return checklist and all paperwork to the Town of Blackstone Selectmen's Office**

**Please Note:** All applications must be reviewed by the Board of Selectmen and other Departments. The review process may take approximately two weeks. Once reviewed; the application will be placed on the Board of Selectmen's agenda.

**Entertainment:**

Entertainment — Yearly (not Sunday) \$15.00

# The Licensing Board for the

**Blackstone**

.....  
Name of City or Town

## APPLICATION FOR AN ENTERTAINMENT LICENSE (SEVEN DAYS)

The undersigned respectfully applies for an entertainment license as follows:

LOCATION OF PREMISES \_\_\_\_\_ CLASS OF LIC. \_\_\_\_\_

DESCRIPTION OF PREMISES \_\_\_\_\_

RADIO \_\_\_ TELEVISION \_\_\_ JUKEBOX \_\_\_ AMPLIFIERS \_\_\_ PHONO \_\_\_

CABLE TV \_\_\_ WIDESCREEN TV \_\_\_ CASSETTE OPER. TV \_\_\_ MOVIES \_\_\_

INSTRUMENTAL MUSIC \_\_\_\_\_ No. of Instruments \_\_\_\_\_

Type of Instruments \_\_\_\_\_ What floors \_\_\_\_\_

VOCAL MUSIC \_\_\_\_\_ No. of persons \_\_\_\_\_

DANCING BY PATRONS \_\_\_\_\_ Type of dancing \_\_\_\_\_

What floors? \_\_\_\_\_ Size of dance floor \_\_\_\_\_

EXHIBITION OR TRADE SHOW \_\_\_ describe \_\_\_\_\_

PLAY \_\_\_\_\_ describe \_\_\_\_\_

MOVING PICTURE SHOW \_\_\_\_\_ describe \_\_\_\_\_

FLOOR SHOW \_\_\_\_\_ describe \_\_\_\_\_

ATHLETIC EVENT \_\_\_\_\_ describe \_\_\_\_\_

As part of the above 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?

NO \_\_\_ YES \_\_\_ Explain in what manner such person will be presented \_\_\_\_\_

Did you hold an entertainment license from the Board pursuant to section 183A of Chapter 140? \_\_\_\_\_. If yes, was it for the exact same entertainment being requested in this petition? \_\_\_\_\_.

Date \_\_\_\_\_

Firm or Trade Name \_\_\_\_\_

Business Name \_\_\_\_\_

Manager Signature \_\_\_\_\_

**TOWN OF BLACKSTONE  
LICENSING BOARD  
15 St. Paul Street, Blackstone, MA 01504**

**LICENSEE/MANAGER PERSONAL INFORMATION FORM**

**THIS FORM MUST BE COMPLETED FOR EACH:**

- NEW LICENSE APPLICANT
- APPOINTMENT OR CHANGE OF MANAGER
- TRANSFER OF LICENSE

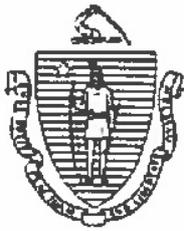
Please type or print all information.

All questions must be answered and telephone numbers provided or application will not be accepted.

1. LICENSEE NAME: \_\_\_\_\_
2. NAME OF ESTABLISHMENT: \_\_\_\_\_
3. ESTABLISHMENT ADDRESS: \_\_\_\_\_
4. NAME OF PROPOSED MANAGER: \_\_\_\_\_
5. HOME ADDRESS: \_\_\_\_\_
6. TELEPHONE NUMBER: \_\_\_\_\_
7. E-MAIL ADDRESS \_\_\_\_\_
8. NUMBER OF ROOMS: \_\_\_\_\_      9. NUMBER OF OCCUPANTS \_\_\_\_\_

I hereby swear that under the pains and penalties of perjury that the information I have given in this application is true to the best of my knowledge and belief.

BY: \_\_\_\_\_  
Proposed Manager/Licensee Signature



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: \_\_\_\_\_

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

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

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

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

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

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

Phone #: \_\_\_\_\_

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, 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, §25C(6) 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, MGL chapter 152, §25C(7) states "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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit 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. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

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. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

**CERTIFICATE OF TAX COMPLIANCE**

Pursuant to G.L. c.62C, '49A, I certify under the pains and penalties of perjury that  
(Name) \_\_\_\_\_ has  
complied with all the Laws of the Commonwealth relating to taxes, and that there are currently no outstanding municipal tax liens against any real or personal property held in my name, or against any real or personal property in which I have an equitable interest.

Signed under the pains and penalties of perjury this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
SS # or Federal ID #

**AUTHORIZATION FOR CORI DRIVER'S LICENSE CHECK  
TOWN OF BLACKSTONE**

I hereby authorize the Town of Blackstone to perform a CORI Driver's License check in preparation for service to the Town.

I understand that this information must by law remain confidential and will be shared only with the Police Chief and Town Administrator.

I further understand this information cannot be disclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last 6 digits of your Social Security No.

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Date of Birth

Copy of License Attached:

Department: \_\_\_\_\_

Department Head: \_\_\_\_\_

Hiring Agent: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

CORI Officer: \_\_\_\_\_

