



**SELECT BOARD**  
TOWN HALL  
365 BOSTON ROAD  
BILLERICA, MASSACHUSETTS 01821  
978-671-0939  
FAX: 978-671-0947  
selectboard@town.billerica.ma.us

### **Entertainment License Application Checklist**

- Town of Billerica License Application Form to be completed by applicant. All approval signatures must be obtained.
- Completed application for Weekday Entertainment–Chapter 183A (If Applicable)
- Completed application for Sunday Entertainment – Form 90 (If Applicable)
- Detailed floor plan (inside)/site plan (outside) indicating where the entertainment will be conducted.
- A check made payable to the Town of Billerica in the amount of \$25.
- Worker’s Compensation Affidavit
- Town of Billerica Criminal Record Background Check form must be filled out and submitted to the Billerica Police Department. This should be submitted when you are obtaining their signature on the application.
- Applicant to obtain certified list of abutters from Assessors Office and submit to Select Board’s Office. Select Option “A”
- Once the application is complete, the **Applicant** will notify abutters by Certified Return Receipt Required mail not less than 7 days before hearing (hearing notification that should be sent to abutters will be emailed to applicant). The sender’s address on the PS Form 3811 “Green Card” should be Town of Billerica, Select Board Office, 365 Boston Road, Billerica, MA 01821. The application address should also be listed on the green card to make sure it is applied to the proper application.



**LICENSE APPLICATION  
BILLERICA SELECT BOARD**

Fee Paid: \$ \_\_\_\_\_

**ACTION:**     **NEW**    or     **CHANGE**

|                              |                  |                                |
|------------------------------|------------------|--------------------------------|
| <b>Licensee of Business:</b> |                  |                                |
| <b>Doing Business As:</b>    |                  |                                |
| <b>Street Address:</b>       |                  | <b>Assessors Plate/Parcel:</b> |
| <b>Phone #:</b>              | <b>Zip Code:</b> | <b>Tax ID #:</b>               |
| <b>Alt. Phone #:</b>         |                  | <b>Email:</b>                  |

**DESCRIPTION OF PREMISES:**

|  |
|--|
| Include # floors, total SF, # of patron restrooms, entrance/exit locations, etc. Use additional attachments if necessary and attach a plot plan of the premises if there are exterior changes. |
|  |
|  |
|  |
|  |
|  |

**REQUIRED SIGNATURES: (Obtain necessary approvals before submission)**

|                                   |              |
|-----------------------------------|--------------|
| <b><u>Building Inspector:</u></b> | <b>Date:</b> |
| <b>Comments:</b>                  |              |
| <b><u>Board of Health:</u></b>    | <b>Date:</b> |
| <b>Comments:</b>                  |              |
| <b><u>Police:</u></b>             | <b>Date:</b> |
| <b>Comments:</b>                  |              |
| <b><u>Fire:</u></b>               | <b>Date:</b> |
| <b>Comments:</b>                  |              |
| <b><u>Treasurer:</u></b>          | <b>Date:</b> |
| <b>Comments:</b>                  |              |

|                             |                  |               |
|-----------------------------|------------------|---------------|
| <b>Manager's Name:</b>      |                  |               |
| <b>Street Address:</b>      |                  |               |
| <b>City/Town/State/Zip:</b> |                  |               |
| <b>Phone #:</b>             | <b>Tax ID #:</b> | <b>Email:</b> |

**Requested Hours of Operation: (For new application or for change on license)**

|                                 |
|---------------------------------|
| <b>Weekday (Monday-Friday):</b> |
| <b>Saturday:</b>                |
| <b>Sunday:</b>                  |

**LICENSE TYPE REQUESTED:**

|  |                                     |  |                    |
|--|-------------------------------------|--|--------------------|
| <b>LIQUOR (Circle Option):</b>   | <b>On-Premise Retail (S12)</b>      | <b>Wine &amp; Malt</b>                             | <b>All Alcohol</b> |
|  | <b>Off Premise Retail (S15)</b>     | <b>Wine &amp; Malt</b>                             | <b>All Alcohol</b> |
| <b>Type of Business S12 Only:    Club                      Hotel/Innkeeper                      Restaurant</b> |                                     |  |                    |
| <b>1-Day Special:</b>  | <b>Wine &amp; Malt</b>              | <b>All Alcohol (Non-profit Organizations Only)</b> |                    |
| <b>COMMON VICTUALLER (Circle Option):</b>  | <b>Restaurant</b>                   | <b>Innholder</b>                                   | <b>Cafeteria</b>   |
| <b>ZBA/Special Permit?: Provide Copy if Yes</b>  | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b>                 |                    |
| <b>MOTOR VEHICLE (Circle Option):</b>  | <b>Class I</b>                      | <b>Class II</b>                                    | <b>Class III</b>   |

**HAZARDOUS MATERIAL STORAGE (List Type):**

**ENTERTAINMENT:**

**Weekday: (Per MGL, Ch. 140, Section 183A or 181):**

**Sunday: (Per MGL, Ch. 136 – **Form 90 Required**):**

**Type of Entertainment:**

**AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A)**

**# of Total Devices:**

Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary.

|            |            |
|------------|------------|
| <b>#1:</b> | <b>#5:</b> |
| <b>#2:</b> | <b>#6:</b> |
| <b>#3:</b> | <b>#7:</b> |
| <b>#4:</b> | <b>#8:</b> |

**OTHER (Circle Option):**

**Taxi                      Bowling                      Other: \_\_\_\_\_**

|                             |              |
|-----------------------------|--------------|
| <b>Licensees Signature:</b> | <b>Date:</b> |
|-----------------------------|--------------|

**Title:**

**The applicant certifies compliance with all Rules, Regulations, Laws and By-Laws in effect at this time. Under the penalties of perjury, the signature below certifies the above information as true and correct to the best of their knowledge and belief. False statements can result in immediate license revocation.**

**NAME OF INDIVIDUAL OR CORPORATION THAT PAYS REAL ESTATE TAXES TO THE TOWN OF BILLERICA:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



TOWN OF BILLERICA

APPLICATION FOR ENTERTAINMENT
AUTHORITY M.G.L. CHAPTER 140, SECTION 183A

(No Fee if Licensed under Chapter 140, Section 2 Common Victualer)

ONE DAY: ANNUAL:

Name of Applicant: Name of Business:

Address of Business: Mailing Address: (If Different)

Email: Phone #:

Please Check All That Apply:

Day: Weekday (Monday-Friday) Saturday Sunday (If Sunday, Form 90 Required)

Dancing: By Patrons By Entertainers No Dancing

Music: Recorded Juke Box Live Music Amplification System No Music

Shows: Theatre Movies Floor Show Light Show No Show

Any dynamic audio or visual show whether live or recorded

Nudity: Nudity, as described in M.G.L. c. 140, § 183A No Nudity

Admission: Yes No If yes, how much \$

Costumes Worn: Yes No If yes, describe

Other: Bowling Video Games Billiard Tables Other Auto Amusement (Indicate Quantity)

Please fully describe the proposed entertainment: (Type, dates, hours of operation, costumes worn, indoors/outdoors, number of maximum patrons/attendees, etc. Use separate sheet of paper if needed.)

Five horizontal lines for describing the proposed entertainment.

Applicant

Date

**THE COMMONWEALTH OF MASSACHUSETTS  
OF**



State Fee, \$ \_\_\_\_\_  
Municipal Fee, \$ \_\_\_\_\_

**LICENSE**

**For  
PUBLIC ENTERTAINMENT ON SUNDAY**

The Name of the Establishment is \_\_\_\_\_ in or on the property at No. \_\_\_\_\_ (address)

The Licensee or Authorized representative, \_\_\_\_\_ in

accordance with chapter 136 of the General Laws, as amended, hereby request a license for the following program or entertainment:

| DATE | TIME | Proposed dancing or game, sport, fair, exposition, play, entertainment or public diversion |
|------|------|--|
|      |      |  |
|      |      |  |
|      |      |  |

Hon. \_\_\_\_\_ Mayor/ Chairman of Board of Selectman, \_\_\_\_\_ (City or Town)

**Fees per occurrence (Individual Sunday(s)): Regular Hours (Sunday 1:00pm – Midnight): \$2.00 Special Hours (Sunday 12:00 am- Midnight): \$5.00. Annual Fee (For Operating on every Sunday in calendar year): Regular Hours (Sunday 1:00pm – Midnight): \$50.00 Special Hours (Sunday 12:00 am- Midnight): \$100.00**

This license is granted and accepted, and the entertainment approved, upon the understanding that such entertainment 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 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 this place of amusement during performances therein; may employ to preserve order in his place of amusement only regular or special police officers designated therefore 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 of the Fire Department to guard against fire; shall keep in good condition, go as to be easily accessible, such standpipes, hose, axes, chemical extinguishers and other apparatus as 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 premise where the entertainment is to be held, and shall be surrendered to any regular police officer or authorized representative of the Department 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.

**Do not write in this box**

**This application and program must be signed by the licensee or authorized representative of entertainment to be held. No Change to be made in the program without permission of the authorities granting and approving the license.**

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



# Town of Billerica Police Department

6 Good Street  
Billerica, MA 01821  
(978) 215-9621 Fax (978) 670-2762  
[www.billericapolice.org](http://www.billericapolice.org)

## Criminal Record Background Check

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

Release: I, \_\_\_\_\_, \_\_\_\_\_,  
Name of Applicant Date of Birth

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

### Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

\_\_\_\_\_  
Signature of Applicant

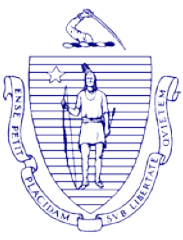
Application Approved: \_\_\_\_\_

Application Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 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 a 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 § 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 (check 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**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)





Board of Assessors  
Town Hall  
365 Boston Road  
Billerica, Massachusetts 01821

JOHN B. SPEIDEL, *Chairman*  
RICHARD J. SCANLON, *Associate*  
RICK LADD, *Associate*

Tele: (978) 671-0971  
[assessors@town.billerica.ma.us](mailto:assessors@town.billerica.ma.us)

**ABUTTERS LIST REQUEST**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address of Property \_\_\_\_\_ Plate \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Parcel \_\_\_\_\_

I request one copy of the following abutters list and three copies of the labels for the above listed property. The cost of this service shall be \$2.00 per name. The list shall be available five to ten (5-10) working days from the requested date or earlier.

Signature of applicant \_\_\_\_\_

Types of Abutters Lists

There are four types of abutters lists which may be required in the Town of Billerica. The board or commission you are seeking approval from and the particular request you are making determines the type of list. You will need to contact the applicable board or commission to determine which of the following will be required in your case.

**(Circle one – If no letter is circled a “D” list will be prepared.)**

**A. Direct Abutters - Direct Abutters to Parcel and Roadway Being Improved**

This list contains direct abutters only. Properties across public right-of-ways or paper streets, which have not been discontinued, are not included. **(This list should include direct abutters to the roadway being improved if road construction is involved.)**

**B. Abutters Within 100 Feet**

This list contains all abutters within 100 feet of the parcel, notwithstanding public or private streets or ways, municipal borders or bodies of water.

**C. Abutter to Abutter Within 300 Feet**

This list contains abutters to direct abutters within 300 feet of the parcel. If there is more than one abutter between the subject parcel and the abutting property within 300 feet the owner will not be notified.

**D. All Property Owners Within 300 Feet (Cell Towers – All Property Within 500 Feet)**

This list contains all properties within 300 feet of the subject parcel. Abutters to abutter restrictions do not apply.

Assessor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_