



# TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

Telephone (508) 240-3700 – Fax (508) 240-3703

<http://www.town.orleans.ma.us>

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR

- WEEKDAY
- AMUSEMENT DEVICE ONLY
- SUNDAY

## Application for License

## ENTERTAINMENT LICENSE

The undersigned hereby applies for a license in accordance with the provisions of MA General Laws, Chapter 140 Sec. 183A amended, Chapter 351, Sec. 85 of Acts of 1981 and Chapter 140 Sec. 181.

<b>NAME OF BUSINESS/CORPORATION:</b>
<b>NAME OF MANAGER:</b>
<b>BUSINESS &amp; MAILING ADDRESS:</b>
<b>EMAIL ADDRESS</b>
<b>PHONE:</b>

**Please check the appropriate boxes:**

1. **Dancing:** By Patrons  By Entertainers  No Dancing
2. **Music:** Recorded  Juke Box  Live   
Number of Musicians  Amplification System  No Music
3. **Shows:** Theatre  Movies  Floor Show   
Light Show  No Show
4. **Other:** Video Games  Pool/Billiard Tables  (Please indicate quantity)

Please Describe: \_\_\_\_\_  
\_\_\_\_\_

<b>HOURS OF ENTERTAINMENT:</b>
<b>DAYS OF ENTERTAINMENT:</b>

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Under Chapter 152, Section 25C, subsection 6, the Town of Orleans is now required to hold issuance or renewal of any license or permit to operate a business if a person does or Company does not have a certificate of Worker's Compensation Insurance. As part of renewal or issuance you must attach a copy of your certificate

**TOWN FEES:** Filing Fee: \$25.00 + License Fee: Weekday License (Monday-Saturday): **\$125.00** & Sunday License: **\$100.00** Coin Operated Amusement: **\$30/ Device**  
**SUNDAY STATE FEES: \$50.00** after 1:00 p.m. or **\$100.00** prior to 1:00 p.m.



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Provide a detailed description of proposed entertainment including dress or attire, description of the show, where entertainers will perform and other information to assist the Licensing Authority in making a decision. Also, please attach a floor plan showing the entertainers and dance floor area.


This license issued by this application is valid for the calendar year \_\_\_\_\_ thru \_\_\_\_\_ provided that the type of entertainment specified above does not change. In the event of a change in type of entertainment different than indicated above, a new application will be required and a new license issued.

By signing this form the applicant certifies that he/she has read Chapter 272, Section 29 thru 31 of the Massachusetts General Law.

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

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. 36C s. 49A.

\_\_\_\_\_  
Signature of Individual  
of Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, if Applicable)

\_\_\_\_\_  
Social Security (Voluntary) or Federal Identification Number

\*\*\*\*\*

### OFFICE USE ONLY

**APPROVED** \_\_\_\_\_  
SIGNATURE OF APPLICANT

**LICENSE #** \_\_\_\_\_  
DATE