



TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

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

www.town.orleans.ma.us

SELECT BOARD

TOWN ADMINISTRATOR

____ WEEKDAY

____ SUNDAY

Application for License

ONE DAY OUTDOOR ENTERTAINMENT

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.

NAME OF BUSINESS/CORP./NON-PROFIT:

NAME OF MANAGER:

BUSINESS & MAILING ADDRESS:

EMAIL ADDRESS:

PHONE:

Please check all that applies to the proposed entertainment:

- | | | |
|-------------------------------------|-------------------------------|----------------------------|
| 1. Dancing: By Patrons _____ | By Entertainers _____ | No Dancing _____ |
| 2. Music: Recorded _____ | Juke Box _____ | No Music _____ |
| Live Music _____ | Number of Musicians _____ | Amplification System _____ |
| 3. Shows: Theatre _____ | Movies _____ Floor Show _____ | No Show _____ |

Please Describe, including type of musical instruments:

HOURS OF ENTERTAINMENT: (Not to exceed 4-hour window between 11:30 a.m. and 8:30 p.m. The 4-hour window includes set-up time and sound checks)

DATE OF ENTERTAINMENT: (between April 1 and November 30, not limited to specific days)

TOWN FEES: Filing Fee: \$25.00 + License Fee:

Weekday License (Monday-Saturday): **\$30.00 per day** Sunday License: **\$25.00 per day**

SUNDAY STATE FEES: **\$2.00** after 1:00 p.m. or **\$5.00** prior to 1:00 p.m.

PAID ON: _____

CHECK * _____

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

License requirements apply to all events, including town and non-profit sponsored. No light shows or pyrotechnics are permitted. Seasonal licensees’ holders must provide an updated weekly event schedule to the Police Department and Town Administrator’s Office. The Select Board reserves the right to impose additional conditions and/or require a public hearing prior to issuing any license.

In the space below, provide a detailed description of the proposed entertainment, show or event, and other information to assist the Licensing Authority in making a decision. Also, attach a sketch plan showing the location of entertainers, speaker system, direction of amplification, seating and dance areas.

This license issued by this application is valid on the _____ from _____ 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.

Signature of Individual
of Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

Social Security (Voluntary) or Federal Identification Number

Date

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.

FOR OFFICE USE ONLY

APPROVED _____

LICENSE # _____