

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035
Telephone 508-543-1219 Fax 508-543-6278

7 DAY ENTERTAINMENT LICENSE APPLICATION

FEE - \$250 ♦ PAYABLE TO TOWN OF FOXBORO ♦ Expires on December 31

DATE _____

The undersigned respectfully applies for an Entertainment License as follows:

CORPORATE NAME _____

DOING BUSINESS AS _____

ADDRESS OF PREMISES _____

TELEPHONE NUMBER _____ E-MAIL _____

NAME OF CONTACT PERSON _____

DESCRIPTION OF PREMISES _____

PLEASE INDICATE ALL FORMS OF ENTERTAINMENT IN YOUR ESTABLISHMENT

RADIO _____ TELEVISION _____ JUKEBOX _____ AMPLIFIERS _____ PHONO _____

CABLE TV _____ WIDESCREEN TV _____ CASSETTE OPER.TV _____ MOVIES _____

INSTRUMENTAL MUSIC _____ Number of Instruments _____

Type of Instruments _____ What Floors _____

VOCAL MUSIC _____ Number 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? _____

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

*Signature of Individual or Corporate Name
(MANDATORY)

Signature of Corporate Officer
(MANDATORY, IF APPLICABLE)

** Social Security Number (Voluntary) or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** 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 authority of Mass. G.L. c.62C s.49A.

Signature of Applicant