



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139  
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112  
[License@cambridgema.gov](mailto:License@cambridgema.gov)

## INITIAL ENTERTAINMENT LICENSE APPLICATION

Corporate Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_  
 Doing Business As (d.b.a): \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

The entertainment licenses are sought operation during Calendar year \_\_\_\_\_ during the following hours:

<b>Sunday:</b>	From: _____ to _____	<b>Thursday:</b>	From: _____ to _____
<b>Monday:</b>	From: _____ to _____	<b>Friday:</b>	From: _____ to _____
<b>Tuesday:</b>	From: _____ to _____	<b>Saturday:</b>	From: _____ to _____
<b>Wednesday:</b>	From: _____ to _____		

If applicable, 1 AM licenses may have entertainment to 2 AM the day before a legal holiday.

Please select the specific categories of licensed entertainment requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Dancing by Patrons   | <input type="checkbox"/> Beauty Contest                                |
| <input type="checkbox"/> Dancing Exhibition   | <input type="checkbox"/> Body Building Show                            |
| <input type="checkbox"/> DJ   | <input type="checkbox"/> Wrestling Exhibition                          |
| <input type="checkbox"/> Comedy Show  | <input type="checkbox"/> Magic Show                                    |
| <input type="checkbox"/> Darts  | <input type="checkbox"/> Reading of Poetry or other Works              |
| <input type="checkbox"/> Karaoke  | <input type="checkbox"/> Bowling Alley Lane, if yes how many _____     |
| <input type="checkbox"/> Acrobatic Show   | <input type="checkbox"/> Pool or Billiard Table, if yes how many _____ |
| <input type="checkbox"/> Live Musical instruments and/or Live Vocalists, with amplification     |  |
| <input type="checkbox"/> Live Musical Instruments and/or Live vocalists without amplification   |  |
| <input type="checkbox"/> Talk Show where a patron converses with one or more hired entertainers |  |
| <input type="checkbox"/> Other Live Entertainment as follows: _____                             |  |

Please select the specific categories of licensed entertainment devices requested:

Insert # of each within the establishment:

_____ Juke Box	_____ Audio Tape Machine/CD/Computerized Digital Media playing music below conversation level
_____ Video Juke Box	_____ Audio Tape Machine/CD/Computerized Digital Media playing music At conversation level
_____ Radio	_____ Audio Tape Machine/CD/Computerized Digital Media playing music above conversation level
_____ Phonograph Record Machine	_____ Video Game, Pinball Machine, or other
_____ TV, Video Screen or Film Projector Screen (except the first screen on a video juke box and except a cinema screen)	_____ Other Device described as follows: _____

The specific number of cinema screens requested: \_\_\_\_\_

The specific number of stages or separate area for live dramatic performances requested: \_\_\_\_\_



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Please state whether applicant is applying for indoor or outdoor entertainment. *If outdoor applicant must provide proof of ownership/lease for outdoor use.*

- Indoor     Outdoor

If outdoor, please describe what efforts the applicant/business has taken to reduce the impact of noise from outdoor entertainment on neighboring residents and businesses.

Give complete description of licensed premises including floors and location of all entrances and exits – FLOOR PLAN-SITE PLAN MUST BE SUBMITTED

## Entertainment License Questionnaire

1. Has the corporate applicant paid all due and owing Massachusetts State taxes?  
 Yes     No
  
2. Has the corporate applicant filed with this application a floor plan or floor plans showing the exact location requested for each type of licensed entertainment and each licensed entertainment device; each sound amplifier; each speaker; each area where performers are located; each area where patrons may stand and each area where patrons may dance.  
 Yes     No
  
3. Will the entertainment sought to be licensed be accessible and perceptible to all classes and ages of the public?  
 Yes     No
  
4. Will access or perception of the entertainment sought to be licensed be restricted to any patrons by reason of age?  
 Yes     No; if a licensed premise serving alcohol there must be an ID plan.
  
5. Pursuant to M.G.L.ch. 140 §181 and §183A, as part of any entertainment sought to be licensed, will any persons be permitted to appear, in person or in a video production, in any manner or attire as to expose to public view any portion of the pubic area, anus, or genitals, female breast below the top of the areola, or any simulation of these areas?
6.  Yes     No



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*The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is accurate; there have been no changes to the business or interest holders since last year; and that the above-listed licensee is currently conducting the licensed business in accordance with the laws of the Commonwealth of Massachusetts and the City of Cambridge. It is further attested that the licensee has filed all state tax returns, paid all state taxes required by law, and has submitted simultaneously herewith a Workers' Compensation Affidavit with any necessary supporting documentation.*

Print Name: \_\_\_\_\_ Relation to Business: \_\_\_\_\_

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

Telephone/Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

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### ***For Official Use Only***

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

Conditions/Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please use this check off sheet to ensure that you have included all your attachments with your application:

<input type="checkbox"/>	Certificate of Good Standing/Business Certificate/DBA/Foreign Corporation Certificate
<input type="checkbox"/>	<a href="#">Licensed Premises Inspection Approvals form</a>
<input type="checkbox"/>	<a href="#">Abutters Notification</a>

<input type="checkbox"/>	Floor Plan
<input type="checkbox"/>	\$175 Hearing and Advertising Fee (Initial Only)
<input type="checkbox"/>	A signed lease or letter of intent from the landlord