TOWN OF LUDLOW, MASSACHUSETTS

Office of the Select Board

APPLICATION FOR ENTERTAINMENT LICENSE

Indoor and/or Outdoor Entertainment

Completed applications are preferred by email to selectboard@ludlow.ma.us. Applications may also be delivered to the Select Board's Office, 488 Chapin Street, Ludlow, MA 01056. Incomplete applications will not be scheduled for Select Board action.

LICENSE TYPE: ☐ ONE DAY (date: _____) ☐ ANNUAL

SECTION 1. APPLICANT INFORMATION

Name of Applicant (Owner/Manager): _____

Name of Business: _____

Address of Business: _____

Mailing Address (if different): _____

Email: _____ Business Phone #: _____

Cell Phone #: _____

FID# _____ Maximum patrons/attendees: _____

SECTION 2. WHERE WILL THE ENTERTAINMENT TAKE PLACE? (check one)

☐ INDOOR ONLY ☐ OUTDOOR ONLY ☐ BOTH INDOOR AND OUTDOOR

If OUTDOOR or BOTH INDOOR AND OUTDOOR is checked, Section 5 must be completed. For applicants applying for both INDOOR AND OUTDOOR, the Select Board reserves the right to issue a license for INDOOR only or OUTDOOR only if it determines that either the proposed INDOOR or OUTDOOR entertainment will create a nuisance or endanger the public health, safety, or order.

SECTION 3. TYPE OF ENTERTAINMENT (check all that apply)

Dancing: ☐ By Patrons ☐ By Entertainers ☐ No Dancing

Music: ☐ Recorded ☐ Juke Box ☐ Live Music ☐ DJ ☐ Karaoke ☐ No Music

Shows: ☐ Theatre ☐ Movies ☐ Floor Show ☐ Light Show ☐ TV / Radio ☐ No Show

☐ Any dynamic audio or visual show, whether live or recorded

Admission: ☐ Yes ☐ No If yes, how much? $_____

Costumes: ☐ Yes ☐ No If yes, describe: _____

Other (for example, bowling, video games, billiard tables, or other automatic amusement devices).

List type and quantity: _____

SECTION 4. DAYS AND HOURS OF ENTERTAINMENT (required)

Enter the start and end time of entertainment for EACH day requested, in the Indoor columns, the Outdoor columns, or both. Write "None" for any day with no entertainment. Only the days and hours listed will be considered for approval.

Day	Indoor Start	Indoor End	Outdoor Start	Outdoor End
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

SECTION 5. OUTDOOR ENTERTAINMENT DETAIL (complete only if outdoor entertainment is requested)

Will the outdoor entertainment be amplified? ☐ **YES, amplified** ☐ **NO, not amplified**

If amplified, describe the sound equipment (number of speakers and location):

_____

_____

Describe the proposed outdoor entertainment.

You may use the space below to describe what the entertainment consists of, the days and times it will occur, and the expected number of attendees. Attach a separate sheet if additional space is needed.

_____

_____

_____

_____

_____

_____

_____

SECTION 6. SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge.

By signing this application I acknowledge and agree that the Select Board may request additional information that it deems appropriate to review any potential nuisance, public safety, health, or order impacts of the proposed entertainment, and to impose additional reasonable conditions on a license issued pursuant to this application, including, but not limited to, conditions addressing police or fire details, crowd control, parking and traffic, alcohol service, lighting, sanitary facilities, site safety, insurance, or notice to abutters; and that any such condition will be stated in writing on or with the license. I further acknowledge and agree that violations of any applicable laws or regulations, this license, or conditions on the license may result in modification, suspension, or revocation of the license after written notice and a hearing and may be considered in future or renewal applications.

_____ _____

Signature of Owner/Manager or Corporate Officer Date

ATTACHMENTS

☐ Workers' Compensation Insurance Affidavit (Department of Industrial Accidents) (required for all events with amplification)

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."

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.

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.

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

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