



Town of Dartmouth

P.O. Box 79399 ♦ Dartmouth, MA 02747-0985

OFFICE OF THE SELECT BOARD
www.town.dartmouth.ma.us

TELEPHONE: (508) 910-1813
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APPLICATION FOR ENTERTAINMENT WITHOUT ALCOHOL LICENSE

NEW APPLICATION RENEWAL

Date: _____

To the honorable Select Board of the Town of Dartmouth, MA:

Application is hereby made to license the following entertainment as per the provisions of Massachusetts General Laws, Chapter 140; Section 183A:

ANNUAL

- | | | <u>FEES</u> |
|--|--------------------------|-------------|
| A. Dancing by Patrons | <input type="checkbox"/> | \$ _____ |
| B. Dancing by Entertainers or Performers | <input type="checkbox"/> | \$ _____ |
| C. Records or Live Music | <input type="checkbox"/> | \$ _____ |
| D. Use of Amplification System | <input type="checkbox"/> | \$ _____ |
| E. A Theatrical Exhibition, Play, Movie | <input type="checkbox"/> | \$ _____ |
| F. A Floor Show of Any Description | <input type="checkbox"/> | \$ _____ |
| G. A Light Show of Any Description | <input type="checkbox"/> | \$ _____ |
| H. Dynamic Audio or Visual Show | <input type="checkbox"/> | \$ _____ |

EACH EVENT

DATE: _____

- | | | <u>FEES</u> |
|--|--------------------------|-------------|
| A. Dancing by Patrons | <input type="checkbox"/> | \$ _____ |
| B. Dancing by Entertainers or Performers | <input type="checkbox"/> | \$ _____ |
| C. Records or Live Music | <input type="checkbox"/> | \$ _____ |
| D. Use of Amplification System | <input type="checkbox"/> | \$ _____ |
| E. A Theatrical Exhibition, Play, Movie | <input type="checkbox"/> | \$ _____ |
| F. A Floor Show of Any Description | <input type="checkbox"/> | \$ _____ |
| G. A Light Show of Any Description | <input type="checkbox"/> | \$ _____ |
| H. Dynamic Audio or Visual Show | <input type="checkbox"/> | \$ _____ |

As part of the concert, dance exhibition, cabaret, or public show, will any person be permitted to appear on the premises in any manner of attire as to expose to public view any portion of the pubic area, anus or genitals, or any simulation thereof, or will any female be permitted to appear on the premises in any manner of attire as to expose to public view any portion of the breast below the areola, or simulation thereof? Yes No

Said license to be exercised at: _____

(name and address of licensed premises)

By: _____ Total Fee: \$ _____

(name of license holder – please print)

Event Date: _____

(signature)

(address)

(city/town)

(zip code)

(telephone)

(time can be reached)