



TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

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

<http://www.town.orleans.ma.us>

BOARD OF
SELECTMEN

TOWN
ADMINISTRATOR

_____ WEEKDAY

_____ SUNDAY

Application for License

ONE DAY ENTERTAINMENT LICENSE

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 & Chapter 135 Sec. 4.

NAME OF APPLICANT:	
MAILING ADDRESS:	
PHONE:	
EMAIL ADDRESS:	DATE:
NAME OF EVENT:	DATE OF EVENT:
ADDRESS WHERE EVENT WILL TAKE PLACE:	
PERSON IN CHARGE OF EVENT:	

Please check the appropriate boxes:

- Dancing:** By Patrons _____ By Entertainers _____ No Dancing _____
- Music:** Recorded _____ Juke Box _____ Live _____
Number of Musicians _____ Amplification System _____ No Music _____
- Shows:** Theatre _____ Movies _____ Floor Show _____
Light Show _____ No Show _____
- Other:** Video Games _____ Pool/Billiard Tables _____ (Please indicate quantity)

Please Describe: _____

HOURS OF ENTERTAINMENT:
DAYS OF ENTERTAINMENT:

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.

Both checks are due with the filing of this application



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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.

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.

Signature of Individual
of Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

Social Security (Voluntary) or Federal Identification Number

OFFICE USE ONLY

APPROVED _____

LICENSE # _____