

TOWN OF HADLEY  
APPLICATION FOR  
THEATRICAL ENTERTAINMENT  
LICENSE

To the Licensing Authorities:

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

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto: M.G.L. 140 Section 181

COMPANY: \_\_\_\_\_

dba: \_\_\_\_\_

ADDRESS OF PREMISES: \_\_\_\_\_

\_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

DETAILED DESCRIPTION OF PREMISE: (Note: Entertainment will be limited to the premise described) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State clearly the type of entertainment for which license is requested.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief.**

**X** \_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title/Position

**NOTE TO ALL APPLICANTS FOR A THEATRICAL LICENSE: THE PREMISE TO BE LICENSED MUST BE INSPECTED AND A FAVORABLE REPORT MADE THEREON BY THE FOLLOWING DEPARTMENTS. PLEASE MAKE SURE TO HAVE EACH DEPARTMENT SIGN OFF BEFORE FILING WITH THE SELECT BOARD OFFICE:**

***For Building Inspector / Zoning Enforcement Officer Use Only:***

\_\_\_\_\_Approved          \_\_\_\_\_Denied          \_\_\_\_\_Signature          \_\_\_\_\_Date

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For Fire Chief Use Only:***

\_\_\_\_\_Approved          \_\_\_\_\_Denied          \_\_\_\_\_Signature          \_\_\_\_\_Date

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For Police Chief Use Only:***

\_\_\_\_\_Approved          \_\_\_\_\_Denied          \_\_\_\_\_Signature          \_\_\_\_\_Date

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For Select Board Office Use Only:***

Date of Hearing: \_\_\_\_\_

\_\_\_\_\_Approved          \_\_\_\_\_Denied          \_\_\_\_\_Signature          \_\_\_\_\_Date

Remarks: \_\_\_\_\_

\_\_\_\_\_

***For Select Board Office Use Only:***

Date Approved/Denied \_\_\_\_\_ License # \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this application to the **Select Board's Office**, 100 Middle Street, Hadley, MA 01035