



TOWN OF GREAT BARRINGTON

Temporary Sunday Entertainment License Application (Local Approval ONLY-State Approval Required Separately)

____ Hours between 1:00 pm-11:59 pm
(\$2.00 per Sunday)

____ Hours between 9:00 am- 11:59 pm
(\$5.00 per Sunday)

The undersigned hereby applies for a license in accordance with the provisions of Massachusetts General Laws, Ch.136 Sec.4.

Name: _____

Business/Organization: _____

D/B/A (if applicable): _____

Address: _____

Mailing Address: _____

Phone Number: _____

Email: _____

TYPE: (Check all that apply) ☐ Concert ☐ Dance ☐ Exhibition ☐ Cabaret ☐ DJ

☐ Live band with up to ____ pieces, including singers ☐ Public Show

☐ Other (please explain) _____

INCLUDES: ☐ Live music ☐ Recorded music ☐ Dancing by entertainers/ performers

☐ Dancing by patrons ☐ Amplification system ☐ Theatrical exhibition

☐ Floorshow ☐ Play ☐ Moving picture show ☐ Light show ☐ Jukebox

☐ Other (please explain) _____

As part of the entertainment, will any person be permitted to appear on the premises in any manner or attire as to expose to public view any portion of the pubic area, anus, or genitals, or any simulation thereof, or whether any person will be permitted to appear on the premises in any manner or attire as to expose to public view a portion of the breast below the top of the areola, or any simulation thereof? (M.G.L. Chp.140 Sec.183A)

____ YES

____ NO

Please circle: **INDOOR** or **OUTDOOR** Entertainment

Exact Location of Entertainment (**include sketch**): _____

Date(s) of Entertainment: **Sunday**, _____

Start & End Times of Entertainment: _____

Does your event involve any of the following? (Check all that apply)

- ☐ Food ☐ Temporary Bathrooms ☐ Tents ☐ Stages ☐ Temporary Signs
- ☐ Electrical Permits ☐ Building Permits ☐ Police Traffic Details ☐ Street Closures

ALL entertainment licenses will be reviewed by the Design Review Team (DRT), which is comprised of several Town departments, for comments/concerns on this application.

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or
Corporate Officer

Date

SS# or FID#

TOWN USE ONLY:

DRT Review with Conditions: _____

APPROVAL DATE: _____

LICENSE # _____