

**BOARD OF SELECTMEN  
TOWN OF FOXBOROUGH  
MASSACHUSETTS**

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Foxborough Town Hall - 40 South Street - Foxborough, MA 02035  
Telephone 508-543-1200 Fax 508-543-1235

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**ONE DAY ENTERTAINMENT LICENSE APPLICATION**

**FEE - \$50 - PAYABLE TO THE TOWN OF FOXBORO**

DATE \_\_\_\_\_

The undersigned respectfully applies for a One Day Entertainment License as follows:

CORPORATE NAME \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

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

TELEPHONE NUMBER \_\_\_\_\_

NAME OF CONTACT PERSON \_\_\_\_\_

DESCRIPTION OF PREMISES \_\_\_\_\_

PLEASE INDICATE ALL FORMS OF ENTERTAINMENT IN YOUR ESTABLISHMENT

RADIO \_\_\_\_\_ TELEVISION \_\_\_\_\_ JUKEBOX \_\_\_\_\_ AMPLIFIERS \_\_\_\_\_ PHONO \_\_\_\_\_

CABLE TV \_\_\_\_\_ WIDESCREEN TV \_\_\_\_\_ CASSETTE OPER. TV \_\_\_\_\_ MOVIES \_\_\_\_\_

INSTRUMENTAL MUSIC \_\_\_\_\_ Number of Instruments \_\_\_\_\_

Type of Instruments \_\_\_\_\_ What Floors \_\_\_\_\_

VOCAL MUSIC \_\_\_\_\_ Number of Persons \_\_\_\_\_

DANCING BY PATRONS \_\_\_\_\_ Type of Dancing \_\_\_\_\_

What floors? \_\_\_\_\_ Size of Dance Floor \_\_\_\_\_

EXHIBITION OR TRADE SHOW \_\_\_\_\_ Describe \_\_\_\_\_

PLAY \_\_\_\_\_ Describe \_\_\_\_\_

MOVING PICTURE SHOW \_\_\_\_\_ Describe \_\_\_\_\_

FLOOR SHOW \_\_\_\_\_ Describe \_\_\_\_\_

One Day Entertainment License Application

As part of the above entertainment, will any entertainer, employee or person on the licensed premises be permitted to be unclothed or in such attire as to expose to view any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals?

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain in what manner such person will be presented \_\_\_\_\_

Did you hold an entertainment license from the Board pursuant to section 183A of Chapter 140? \_\_\_\_\_. If yes, was it for the exact same entertainment being requested in this petition? \_\_\_\_\_

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 and local taxes required by law.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name  
(MANDATORY)

\_\_\_\_\_  
Signature of Corporate Officer  
(MANDATORY, IF APPLICABLE)

\_\_\_\_\_  
\*\* Social Security Number (Voluntary) or  
Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* 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 authority of Mass. G.L. c.62C s.49A.

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Signature of Applicant