

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

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

**EXHIBITION, SHOW OR AMUSEMENT LICENSE APPLICATION
MOVIE THEATER**

(MGL Chapter 140, Section 181)

This is NOT an application for Public Entertainment or a Sunday Entertainment License

FEE: \$150 per Movie Screen

Please make check payable to the Town of Foxborough

1. FULL NAME, ADDRESS and PHONE NUMBER(S) of the organization filing this application

2. NUMBER OF MOVIE SCREENS _____

3. NAME, ADDRESS and PHONE NUMBER(S) of Manager who shall be responsible for this license:

4. EXACT TIMES of the license: From _____ a.m./p.m. To _____ a.m./p.m.

5. HAS A SUNDAY ENTERTAINMENT LICENSE BEEN APPLIED FOR?

_____ Yes _____ No

The applicant hereby indicates that he/she is aware of and shall comply with all applicable statutes, by-laws and regulations.

_____ Signature of Authorized Representative

_____ Printed Name and Title

_____ FID or Tax Exempt Number or Social Security Number

_____ Date

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 by law.

Your social security number will be furnished to the MA Department of Revenue to determine whether you have met tax filing 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 M.G.L. Chapter 62C Section 49A.