



BOARD OF SELECTMEN
(781) 231-4124
FAX (781) 231-4109

Town of Saugus
TOWN HALL
SAUGUS, MASSACHUSETTS 01906

Wendy L. Reed, Clerk
Saugus Board of Selectmen
Saugus Town Hall
298 Central Street
Saugus, MA 01906

APPLICATION FOR LICENSE / PERMIT
SAUGUS BOARD OF SELECTMEN

The following is required to be submitted with application for

License and / or Permit: _____

- _____ Town of Saugus application form(s);
- _____ Billing Authorization form for local newspaper legal advertisement;
- _____ 8 ½" X 11" drawing / layout of proposed business;
- _____ 8 ½" X 11" parking plan – this may need to be a certified plan if the Zoning Officer requires. If your business will have shared parking, the parking plan MUST SHOW adequate parking for all businesses using the shared parking;
- _____ Letter explaining the proposed business to include: Hours of operation, number of employees, and any other information that may be helpful;
- _____ Application fee of \$50. made payable to the Town of Saugus.

* If you are applying for License for coin operated devices, the Mass. State Approval numbers are required to be submitted for each device.

You must first check with the Zoning Officer that your proposed business location is zoned properly and you must check on the parking requirements for your proposed business and if a certified parking plan is required for your location.

Once all the required information / documents are received, this office will schedule a public hearing. I will place the legal advertisement in the local newspaper and they will bill you directly.

If you have any questions, please call (781) 231-4124.



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LICENSE AND SCHEDULE OF FEES

unless otherwise specified, fees are for the calendar year

_____	All Alcoholic Common Restaurant	\$5,000
_____	All Alcoholic Package Store	\$2,500
_____	Beer & Wine Restaurant	\$2,000
_____	Beer & Wine Package Store	\$2,000
_____	Seasonal Beer & Wine	\$1,500
_____	Cordials and Liquors	\$2,000
_____	Clubs	\$ 500
_____	Temporary Beer & Wine (per day)	\$ 50
_____	Function Room	\$ 250

(a \$50 application fee must be submitted with all liquor applications.)

General Licenses

_____	Common Victualer	\$75.	_____	AUTO DEALERS	
_____	Entertainment	\$100	_____	First Class	\$200
_____	Juke Box	\$50	_____	Second Class	\$200
_____	Coin Operated Device	\$100	_____	Third Class	\$200
_____	Transient Vendor	\$1,000	_____	Taxi (per cab)	\$25
_____	Skating Rink	\$100	_____	H of Op Permit	\$50
_____	Trailer Sales	\$10	_____	Golf Driving Range	\$100
_____	Valuable Goods	\$100	_____	Fortune Telling	\$50
_____	Used Furniture / Goods	\$100	_____	Theater	\$300
_____	Junk Dealer	\$100			
_____	Non-resident Auctioneer	\$25 per day			

TOTAL DUE: \$ _____

(a \$50 application fee must be submitted with all applications.)

Business Name: _____

Map / Block / Lot _____

D/B/A _____

Business Address _____

Social Security or FID No. _____

Business Phone _____

Signature of applicant _____

Manager _____

Date

All applications will be submitted to Inspectional Services, Police Department, Financial Coordinator and Fire Department for recommendations. All licenses expire yearly on December 31st.

COMMUNITY NEWSPAPER COMPANY
SAUGUS ADVERTISER
254 SECOND AVENUE
NEEDHAM, MA 02494

TO: SAUGUS ADVERTISER
LEGAL ADVERTISING DEPARTMENT

I hereby authorize Community Newspaper Company to bill me directly for the legal notice published on _____ in the SAUGUS ADVERTISER newspaper

(date/dates)

for a Selectmen notice.

Printed Name: _____

Signed: _____

Address: _____

Billing Phone Number: _____ () _____

Daytime No. _____ () _____

Date of Hearing: _____

Time of Hearing: _____

Advertising Representative:

Fax: 781-453-6650

APPLICATION FOR ENTERTAINMENT LICENSES

Business name: _____
d/b/a _____
Address _____

DATE: _____
Manager: _____
Hours of operation: _____

The specific categories of licensed entertainment

- Dancing by patrons Televisions Juke Box
- Karaoke D.J. with pre recorded music
- Solo instrument Singer with one instrument
- Live Band Comedy show, Magic show, other type show
- Other live entertainment as follows: _____

Description of Entertainment including days of the week and times the entertainment is offered:

- * Days of the week and hours in which entertainment is / will be offered:
- * Total capacity of Licensed establishment: _____ Seating capacity: _____
- * You must submit copy 8 1/2" X 11" of floor plan including seating; stages; dance floors; and / or any other areas designated for entertainment.
- * You must submit copy 8 1/2" X 11" of parking plan including footprint of building.

QUESTIONNAIRE TO BE ANSWERED UNDER THE PENALTIES OF PERJURY

1. Has the undersigned person, on behalf of the corporate applicant personally completed the application?
YES ___ NO ___
2. Has the corporate applicant paid all due and owing Mass. State Taxes? YES ___ NO ___
3. Has the corporate applicant filed with this application a copy of its Articles of Organization? YES ___ NO ___
4. Has the corporate applicant filed with this application a floor plan or floor plans showing the exact location requested for each type of licensed entertainment and each licensed entertainment device; each sound amplifier; each speaker; each area where performers are located; each area where patrons may stand and each area where patrons may dance? YES ___ NO ___
5. Will the entertainment sought to be licensed be accessible or perceptible by patrons of all ages and by all classes of the public generally? YES ___ NO ___
6. Will access or perception of the entertainment sought to be licensed be restricted to patrons, or to any class of patrons, by reason of age? YES ___ NO ___
7. As part of any entertainment sought to be licensed, will any person be permitted to appear, in any manner or attire as to expose to public view any portion of the pubic area, anus, or genitals, or any simulation thereof?
YES ___ NO ___
8. As part of any entertainment sought to be licensed, will any female person be permitted to appear, in person or in a video production, in any manner or attire as to expose to public view any portion of the breast below the top of the areola, or any simulation thereof? YES ___ NO ___

Answers are provided and signature is made under the Penalties of Perjury

DATE: _____ Corporate Name: _____
 Corporate FID # _____ Name of Manager (PRINT): _____
 Manager's signature on behalf of corporation: _____

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE SECOND HAND MOTOR VEHICLES
OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a.....
class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with
the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern?

.....

Business address of concern. No. St.,

..... City — Town.

2. Is the above concern an individual, co-partnership, an association or a corporation?

.....

3. If an individual, state full name and residential address.

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4. If a co-partnership, state full names and residential addresses of the persons composing it.

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5. If an association or a corporation, state full names and residential addresses of the principal officers.

President

Secretary

Treasurer

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

If so, is your principal business the sale of new motor vehicles?

Is your principal business the buying and selling of second hand motor vehicles?

Is your principal business that of a motor vehicle junk dealer?

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

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8. Are you a recognized agent of a motor vehicle manufacturer? (Yes or No)

If so, state name of manufacturer

9. Have you a signed contract as required by Section 58, Class 1? (Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? (Yes or No)

If so, in what city — town

Did you receive a license? (Yes or No) For what year?

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? (Yes or No)

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.....

Sign your name in full.
(Duly authorized to represent the concern herein mentioned)

Residence

IMPORTANT

EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION, AND FALSE STATEMENTS HEREIN MAY RESULT IN THE REJECTION OF YOUR APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENSE IF ISSUED.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)