



Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201
Telephone: (617) 635-4170 | Email: LicensingBoard@boston.gov

APPLICATION FOR POOL, SIPPPIO, AND/OR BILLIARD TABLES AND BOWLING ALLEYS (Updated 8/2023)

License Rules

- The Board may issue licenses to persons to keep a billiard, pool or sippio table or a bowling alley for hire, gain or reward, to be **used for amusement only** and **not for the purpose of gaming for money or for property.**
- Pool, Sippio, and/or Billiard Tables and Bowling Alley licenses are effective from January 1st of a given year through December 31st of the following year. They must be renewed annually by the end of November. Licenses not properly renewed are subject to late fees, suspension and/or cancellation.
- Annual Fees – **Please do not submit any payment until instructed to do so.**

Type	Fee
Billiard, pool tables, and Sippio licenses	\$50 base fee plus \$30 / table
Bowling Alley	\$80 base fee plus \$40 /alley

Application Steps

1. **Community Process** -Contact your neighborhood liaison and meet with the local Neighborhood Association (www.boston.gov/ons) and speak with the District City Councillor (<https://www.boston.gov/departments/city-council>). This should be done prior to the hearing before the Licensing Board. (This can be completed at the same time as #2)
2. Please complete and submit this application with **all** of the documents from the checklist below. **Incomplete or illegible applications will NOT be accepted. Once completed, you may email it to LicensingBoard@boston.gov.**
3. **Application Document Checklist:**
 - Copy of the lease agreement (in the business entity/applicant's name with address) or deed
 - An 8 ½ x 11 floor plan
 - Completed Personal Information Form(s)
 - Criminal Record Information Form(s) for the applicant, owner(s) of the business, manager of the business, and all employees of the business
 - Copy of the Certificate of Occupancy (from Inspectional Services Department)
 - Copy of the Inspection Certificate (from Inspectional Services Department)
 - Copy of the Place of Assembly Permit (from Boston Fire Department- Fire Prevention)
 - Copy of the DBA Certificate (from the City Clerk's Office)
4. **Notify the Abutters** – A Licensing staff person will send you further instructions regarding the abutter's notification, legal ad, and hearing.
5. **Appear at the Licensing Board hearing.**
6. **Receive Licensing Board decision:** If the License is granted, a link to pay licensing fees will be emailed to you. The License will be emailed to you once paid, and must be posted at the place of business in a conspicuous place prior to being able to operate.

APPLICATION FOR POOL, SIPPJO, AND/OR BILLIARD TABLES AND BOWLING ALLEYS

1. Name of Entity (Individual/Corporation): _____
2. Doing Business As (d/b/a): _____
3. Physical Business Address: _____
4. City: _____ State: MA Zip Code: _____
5. Business Phone #: _____
6. Business Tax EIN Number: _____
7. Business Contact Email Address: _____
8. Manager of Record: _____
9. Manager Phone #: _____
10. List the number of any other license you hold from this Board: _____
11. Description of Premises (specify floors/areas to be licensed): _____

12. Hours of operation (opening and closing): _____

13. Total # of Coin-Operated Pool Table: _____
 a. Have these tables been approved by the Division of Standards? Yes No
14. Total # of Pool Tables (Not coin operated): _____
15. Total # of Billiard Tables: _____
16. Total # of Sippjo Tables: _____
17. Total # of Bowling Alleys: _____
18. List **all** persons/entities with interest in this license (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial/financial interest). Attach additional pages if necessary.

Name of Person/Entity	Title/Position	# Stock/ % Owned

19. Have any of the above-listed individuals been convicted of gaming? _____
 a. If yes, please specify when and where: _____

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application. I affirm that I have read and understand the instructions provided.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____
 PRINT NAME: _____

For the Board's Official Use Only
GRANTED REJECTED

Restrictions/Conditions: _____

PERSONAL INFORMATION FORM

Instructions: All owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business must submit a copy of this form.

Entity Name: _____

Premise Address: _____

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Work Phone No.: _____

Cell Phone No.: _____

Date of Birth: _____

Your title as it relates to the business/license: _____

Describe your interest in the business/license: _____

Place of current employment: _____

Employment for the last five years:

Dates	Position	Employer	Employer Address

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____

PRINT NAME: _____



City of Boston
Licensing & Consumer Affairs

Commissioners:
Kathleen M. Joyce, Chairman
Keeana S. Saxon
Liam P. Curran
Executive Secretary:
Daniel Green

Criminal Record Information Form

Name: _____
Alias(es), if any: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Birthplace: _____ Date of Birth: _____
Father's Name: _____ Mother's Name: _____
Spouse's Name: _____
Name of Corporation/Licensee/Business: _____
Address of Corporation/Licensee/Business: _____
City: _____ State: _____ Zip Code: _____

If you have any record of misdemeanors including, but not limited to, drunkenness, simple assault, speeding, minor traffic violations, and affray or disturbance of the peace, and such offenses were disposed of ten or more years prior to the filing of this application, you may be considered to have "No Record" for the purposes of furnishing this department information as to your criminal record.

I, (print your name) _____, applicant for a (print type of license you are requesting) _____ in the City of Boston, hereby state I have not been convicted for violation of a State or Federal narcotic law.

I, (print your name) _____, do hereby state that I have no record of criminal convictions in any State or Federal Court except those as listed as below: _____

I, (print your name) _____, do hereby state that I have no pending criminal charges for any criminal violations in any State or Federal Court except as those listed below: _____

Signed and subscribed to under the pains and penalties of perjury this _____ day of (month) _____, (year) _____.

Signature: _____
Print Name: _____

**** Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any Licensee granted to the applicant or Corporation in which he/she is a principal or agent.**