

TOWN OF WILBRAHAM

240 Springfield Street
Wilbraham, Massachusetts 01095



APPLICATION FOR ROLLER SKATING RINK

FEE: annual \$1000

NOTE: Pursuant to Massachusetts General Laws, Chapter 140, Section 186 the Board of Selectmen is empowered, as the Local Licensing Authority, to license roller skating rinks. The board reserves the right to establish license conditions to enhance and assure public safety and good order.

The application must be returned with payment.

Massachusetts General Laws provided that the Board of Selectmen may deny licenses to individuals or corporations in default of municipal taxes or fees (Chapter 4, Section K).

Name of Individual responsible for rink operations _____

Business Name: _____

Location (street and number): _____

Phone: _____ Alternate Phone: _____ e-mail: _____

Hours of operation:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

What admission price is typically charged for public events at the rink (be specific about rates for different ages or events): _____

Briefly describe your policies for staff supervision and safe conduct for youth under the age of 16 (provide copies of any written policies for staff and/or posted conduct rules for patrons) _____

Please provide information about the number of patrons expected to be in attendance at special one-date events and what specific measures will be taken to control the crowd and to prevent danger to the public safety, health, or order. Applicant must ensure that public occupancy limits, as established in accordance with the Massachusetts Building Code (Section 1.08.15) and certified by the Building Inspector, are observed at all times.

ENCLOSE A COPY OR SAMPLES OF ADVERTISEMENTS, PROMOTIONAL BROCHURES, POSTERS, OR WEB-SITE PAGES WHICH HAVE BEEN USED TO PROMOTE ROLLER SKATING EVENTS, BOTH REGULAR AND SPECIAL, AT THIS ESTABLISHMENT IN THE PAST SIX MONTHS.

Pursuant to the Mass. General Laws, Chapter 62C, Section 49A, I certify under penalties of perjury, that I (individual or business entity), to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature AND title of authorized person

federal id number

Address

telephone

date