



**Deborah A. Clayman**  
Licensing Director

**City of Chelsea**  
DEPARTMENT OF LICENSING,  
PERMITTING AND CONSUMER AFFAIRS  
City Hall, 500 Broadway  
Chelsea, Massachusetts 02150

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**BILLIARD TABLE/POOL TABLE**  
**LICENSE APPLICATION**

I, \_\_\_\_\_, manager (or owner)  
of \_\_\_\_\_ (Business Name),  
hereby apply for a Billiard Table/Pool Table License for the  
licensing period of \_\_\_\_\_, 20\_\_ through \_\_\_\_\_,  
20\_\_, at the premises located at \_\_\_\_\_,  
in Chelsea, MA, during the hours of \_\_\_\_\_,  
to cover the following:

	<u>Total Requested</u>
Billiard Table(s)	_____
Pool Table(s)	_____

Business Telephone: \_\_\_\_\_

Owner: \_\_\_\_\_

Date/Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

If owner is a corporation, state the following information for the principal officers:

Name of Corporation: \_\_\_\_\_

Name of President \_\_\_\_\_

Social Security # \_\_\_\_\_ Date/Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Name of Secretary \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date/Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Name of Treasurer \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date/Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Name of Clerk \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date/Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Manager of establishment: \_\_\_\_\_

Social Security No: \_\_\_\_\_ D/Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Federal Tax ID Number

\_\_\_\_\_  
Date

\*\*\*\*\*

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Federal ID or Social Security

\_\_\_\_\_  
Date

Return application to Deborah A. Clayman, Director, Department of Licensing, Permitting and Consumer Affairs, City Hall, 500 Broadway, Room 200, Chelsea, MA 02150, with the following:

- 1) Application fee (non-refundable) in the amount of \$50 (check or money order only, payable to City of Chelsea).

Upon receipt of application, public hearing will be scheduled (not applicable for renewals).

Upon approval of application, applicant is required to submit the following:

- 1) License fee in the amount of \$125 per table, payable to City of Chelsea by check or money order only;
- 2) A certificate of insurance showing workers compensation insurance in effect as of the date of issuance of a license or complete and return the enclosed Certificate of Compliance.

CERTIFICATE OF COMPLIANCE  
PROVIDING COMPLIANCE WITH THE WORKERS COMPENSATION ACT

Section 25C of Chapter 152 of Massachusetts Laws requires that every local licensing authority shall withhold the issuance or renewal of a license or permit to operate a business or to construct a building(s) in the Commonwealth until it has received acceptable evidence of compliance with Workers Compensation Insurance coverage required by law.

As a person or company seeking renewal of a license, you must submit with your application, a certificate of insurance showing workers compensation insurance in effect as of the date upon which renewal of a license is requested.

In certain circumstances, listed below, workers compensation insurance is not required. If one of the following situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

- ( ) I am self employed and have no employees who work for me, and perform all the work of my business, at Chelsea, Massachusetts, myself. Therefore, I am not required to obtain workers compensation insurance.
  
- ( ) I and \_\_\_\_\_ are the owners of the business \_\_\_\_\_, at Chelsea, Massachusetts, and we have no employees. Therefore, we are not required to obtain workers compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

**COMMONWEALTH OF MASSACHUSETTS**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared the above named person(s) whose name is signed above, and swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief.

(seal)

Identification presented: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_