



Town of Braintree

BOARD OF LICENSE COMMISSIONERS

One JFK Memorial Drive

Braintree, MA 02184

Telephone: (781) 794-8240 Fax: (781) 794-8259

Filing Fee: \$75

License Fee: \$100

APPLICATION FOR PUBLIC AMUSEMENT LICENSE

(Carnivals, Fairs, Exhibitions, etc.)

Date: _____

The undersigned hereby applies for a License in accordance with the provisions of *M.G.L Ch. 140, Sec. 181*.

Name of Business: _____

Address : _____

Town: _____ State: _____ Zip: _____

Contact Information (Phone): _____ email: _____

Location of Event: _____

Type of Event _____

Dates of Event _____

* A traveling carnival, circus, or other such traveling amusement that does not have its principal place of business in the Commonwealth of Massachusetts **must** certify that insurance is provided for the payment of compensation and other benefits under MG.L. Chapter 152 (workers compensation) to **all** persons to be employed during the term of the license; in addition, the applicant must also certify that public liability insurance in the amount of at least

\$25,000 is available to pay any claims of judgments rendered against the licensee in favor of patrons or others to recover damages resulting from the negligence of the licensee. Additionally, a Certificate issued by the Department of Public Safety, Engineering Division indicating that they are in compliance with MG.L. Chapters 140, Section 181 and 205 and 520 Code of Massachusetts Regulations 5:00, Rules and Requirements for Carnival and Amusement Rides.

(Authorized Officer) please print

Address

Signature



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Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

TOWN of BRAINTREE is registered under the
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Braintree
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Braintree
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Braintree may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that the Town of Braintree, must first provide me
(Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

CORI Authorization Form Complete one for each individual with financial or beneficial interest in the entity that is applying AND one for the proposed manager of record. *This form must be notarized with a stamp or raised seal.*

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

DO NOT FILL IN THE INFORMATION BELOW*

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date