THEATRICAL BOOKING AGENTS, PERSONAL AGENTS AND MANAGERS LICENSE

Description

The Theatrical Booking Agency license is a requirement in the Commonwealth under Ch.140 of the general code. This license entitles the applicant to conduct business as a theatrical booking agent, personal manager as set-forth in chapter 140 of the state general code. This license is valid for two consecutive years, renewable two years from the date of issuance. License is bi-annual.

Required Documents:

1. a completed Theatrical Booking Agents application
2. copy of valid driver's license or state issued identification
3. a surety bond in the amount of $1000.00, payable to the Commonwealth
4. a "signed" Cori request form
5. a letter of zoning from the local building department
6. a "Business Certificate" and Articles of Corporation
7. must provide two (2) affidavits or recommendation from two (2) reputable Massachusetts citizens verifying the reputation of the applicant
8. must provide one (1) original newspaper publication (in the "Legal" section), serving the community where the business is located
   (The information included in the add, will include the owners name, business name, address, city, town or county)
9. Payment in the form of check or money order only - $375.00

For Renewals

1. a completed Theatrical Booking Agents application
2. copy of valid driver's license or state issued identification
3. a surety bond in the amount of $1000.00, payable to the Treasurer of the Commonwealth of Massachusetts
4. a "signed" Cori request form
5. Payment in the form of check or money order only - $375.00

Agency

Division of Professional Licensure
Office of Public Safety and Inspections
1000 Washington Street
Boston, Massachusetts 02118

COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

OFFICE OF PUBLIC SAFETY AND INSPECTIONS

PLEASE SUBMIT APPLICATION TO:

1000 WASHINGTON STREET, BOSTON, MASSACHUSETTS 02118

Please check _____NEW _____Renewal

THEATRICAL BOOKING AGENT, PERSONAL AGENT AND MANAGER APPLICATION

APPLICATION FEES ARE NON-REFUNDABLE

Date:_____

Name_____

Residence_____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name_____ E-Mail Add._____

Business Address_____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Date of Birth_____ Social Security Number_____

Mother's Full Maiden Name_____

Father's Full True Name_____

Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws?_____

Are you engaged in representing an agency outside the Commonwealth_____If so, give name and address of any such individual or outside agency.

_____

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

_____By:_____
Signature of Individual or Corporate Name Corporate Officer (if applicable)

_____ _____
Social Security Number of Individual Federal Identification Number

[ ] (OPTIONAL)
\Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	**Chinese**	**French**	**German**	**Italian**	**Korean**	**Polish**
Portuguese	**Russian**	**Spanish**	**Tagalog**	**Vietnamese**	**Other_____**	

Revised July. 2018

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety and Inspections
1000 Washington Street • Boston • Massachusetts • 02118

JOHN C. CHAPMAN
UNDERSECRETARY OF CONSUMER AFFAIRS AND BUSINESS REGULATION

CHARLES BORSTEL
COMMISSIONER, DIVISION OF PROFESSIONAL LICENSURE

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CORI REQUEST FORM

The Office of Public Safety and Inspections has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of_____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____ _____
APPLICANT SIGNATURE DATE

_____
APPLICANT INFORMATION (PLEASE PRINT)

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH_____SOCIAL SECURITY NUMBER_____-_____-____

ADDRESS:_____

_____

_____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND ECONOMIC DEVELOPMENT

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JOHN C. CHAPMAN
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CHARLES BORSTEL
COMMISSIONER, DIVISION OF PROFESSIONAL LICENSURE

BOND FOR LICENSE
AS THEATRICAL BOOKING AGENT PERSONAL AGENT AND MANAGER

KNOW ALL MEN BY THESE PRESENTS, that _____of _____in the County of_____and Commonwealth of Massachusetts, as principal, and the _____Company, a corporation duly organized and existing under the laws of the State of_____and being duly authorized to transact the business of a Surety Company in the Commonwealth of Massachusetts, as surety, are holden and stand firm bound and obligated unto the Commonwealth of Massachusetts in the sum of One Thousand (1,000)Dollars to the payment of which we jointly and severally bind ourselves, our heirs, executors and administrators, successors and assigns, by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the said_____has been duly licensed by the Office of Public Safety and Inspections of the Commonwealth of Massachusetts to engage in the Commonwealth in the business of booking actors, actresses, chorus girls or chorus boys, musicians, entertainers of all descriptions, or any of them, for vaudeville, banquets and other stage performances, stage productions in theatres, including floor shows, so called, in restaurants, clubs, beer gardens, tents, arenas, hails and similar place of amusement, in accordance with the provisions of Sections 180A, 180B, and 180C of chapter 140 of the General Laws, as amended.

NOW THERFORE, if the said_____his or its agents, assistants and employees shall faithfully comply with the provisions of Sections 180A to 180G, inclusive, of the said Chapter 140 of the General Laws, as amended, and with such other laws of the Commonwealth as may be applicable to anything done by the licensee in pursuance of the said license: then this obligation shall be null and void, otherwise it shall be remain in full force and effect. Provided, moreover, that any person from whom any licensee under Section One Hundred and Eighty B has withheld any sum in excess of the amount permitted under any agreement between the licensee and such person may, without expense to the Commonwealth, bring an action in the name of the State Treasurer and may recover for his own benefit, up to the sum of one thousand dollars, the amount improperly withheld from him by such license.

IN WITNESS WHEREOF we hereto set our hands and seals this_____day of _____, A.D._____

Newspaper Posting Template
PLEASE SUBMIT PROOF OF PUBLICATION WITH APPLICATION

NOTICE IS HEREBY GIVEN ON THE APPLICATION OF

_____ OF _____
(Name) (Address)

TO BE A THEATRICAL BOOKING AGENT WITHIN AND FOR THE

_____ OF _____
(County) (City/town)

FOR THE PURPOSE OF CONDUCTING A THEATRICAL BOOKING AGENCY BUSINESS AS PROVIDED IN CHAPTER 140 OF THE MASSACHUSETTS GENERAL LAWS