

# **TICKET RESELLERS LICENSE**

## Description

No person shall engage in the business of reselling any ticket or tickets of admission or other evidence of right of entry to any theatrical exhibition, public show or public amusement or exhibition without being licensed therefor by the Office of Public Safety and Inspections.

## Required Documents

1. Must complete Ticket Reseller Application
2. Copy of valid driver's license or state issued identification
3. Must submit to a criminal records check
4. A business certificate from the city or town where the business is located.
5. You must provide affidavits or recommendations from two reputable Massachusetts citizens verifying the reputation of the applicant
6. Payment in the form of check or money order only - \$250.00

Applicant will be notified of additional requirements after application is received.

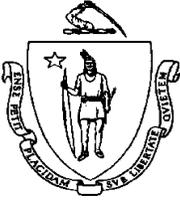
## For Renewals

1. Must complete Ticket Reseller Application
2. Copy of valid driver's license or state issued identification
3. Must submit to a criminal records check
4. Payment in the form of check or money order only - \$250.00

License is \$250.00 (Yearly)

## Agency

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



# COMMONWEALTH OF MASSACHUSETTS

## DIVISION OF OCCUPATIONAL LICENSURE OFFICE OF PUBLIC SAFETY AND INSPECTIONS

PLEASE SUBMIT APPLICATION TO:  
1000 WASHINGTON STREET, BOSTON, MASSACHUSETTS 02118

### TICKET RESELLER APPLICATION

**APPLICATION FEES ARE NON-REFUNDABLE** Please check  *NEW*  *Renewal*

Date: \_\_\_\_\_

Name \_\_\_\_\_

Residence \_\_\_\_\_  
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name \_\_\_\_\_ (Email)

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 \_\_\_\_\_

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)

\_\_\_\_\_  
Signature of Individual or Corporate Name By: \_\_\_\_\_  
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 _____	

**COMMONWEALTH OF MASSACHUSETTS  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Occupational Licensure 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 Division of Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me. I understand that if my licensure is not completed within one year from the date of this authorization, I will be required to submit a new authorization form prior to licensure.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: DOL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DOL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_      Height: \_\_\_\_ ft. \_\_\_\_ in.      Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DOL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DOL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

- Passport       State-issued driver's license       Military identification       State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DOL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DOL Employee                      Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

- Passport       State-issued driver's license       Military identification       State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

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

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).