



ENTERTAINMENT PERMIT APPLICATION

REQUEST: New Application
 Dance and/or Entertainment
 Change in Application

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|---------------------|--|
| PROJECT CONTROL NO. | |
| CASE NO. | |

BUSINESS: Single Ownership Corporation
 Partnership Non-Profit

Name of Business: _____

Type of Business: _____

Business Address: _____

Mailing Address, if different: _____ Phone No.: _____

Fax No.: _____ E-mail: _____

Business Days and Hours of Operation: _____

Age of Participants: _____ Anticipated number of participants: _____

Will alcoholic beverages be sold, served or consumed on the premises where the activity is to be held?
 YES NO

If yes, describe what system will be used to assure alcoholic beverages will be consumed only by those persons 21 years and older. _____

Has a State Liquor License been issued? YES NO To whom _____
License No. _____ **(PROVIDE A COPY OF LICENSE & CONDITIONS)**

Has the applicant, or anyone in his/her place of business been arrested for violation of State Liquor Laws?
 YES NO

If yes, describe in detail: _____

Describe in DETAIL the type and nature of the activity proposed:

Type of Entertainment/Music: _____

Will music be amplified? YES NO

