

LIVE MUSIC/ENTERTAINMENT PERMIT APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF BUSINESS/INDIVIDUAL: _____

NAME OF BAND/ENTERTAINMENT: _____

DATE OF LIVE MUSIC/ENTERTAINMENT: _____

LIVE MUSIC/ENTERTAINMENT FROM: _____ A.M./P.M. UNTIL _____ A.M./P.M.

WILL EXTRA HELP BE HIRED? _____

IF YES, PLEASE GIVE NAMES: _____

IF LIQUOR ESTABLISHMENT, WHAT ARRANGEMENTS WILL BE MADE FOR
CHECKING ID'S? _____

DATE

SIGNATURE