

Application for Entertainment Permit
City Clerk's Office

Restaurant/Bar/Cabaret Information

Restaurant/Bar/Cabaret Date _____

Licensee Name _____

Licensee Phone _____ Email _____

Street Address _____

Town/City _____

Brief Description of Entertainment Type Requested:

Day(s)/Time(s) Entertainment Will be Presented

Print Name _____

Signature _____ Date _____



