



YEARLY ENTERTAINMENT LICENSE APPLICATION

1. License Holder Name: _____

2. Location: _____

3. Description of the Event Venue

Please provide a complete description of the event premises, including the location of all entrances/exits, seating areas, restroom facilities, stage/entertainment locations, etc.

4. Do you have an alcohol license? Yes No

5. Type of entertainment requested **INSIDE** (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Television | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dancing by patrons | <input type="checkbox"/> Dancing by entertainers | <input type="checkbox"/> Recorded music |
| <input type="checkbox"/> Live music | <input type="checkbox"/> Amplification system | <input type="checkbox"/> Play |
| <input type="checkbox"/> Moving picture show | <input type="checkbox"/> Floor show | <input type="checkbox"/> Light show |
| <input type="checkbox"/> Theatrical exhibition | <input type="checkbox"/> Karaoke | |
| <input type="checkbox"/> Any other audio or visual show, whether live or recorded specifically (<i>please describe</i>): | | |

Other Description: _____

6. Type of entertainment requested OUTSIDE (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Television | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Dancing by patrons | <input type="checkbox"/> Dancing by entertainers | <input type="checkbox"/> Recorded music |
| <input type="checkbox"/> Live music | <input type="checkbox"/> Amplification system | <input type="checkbox"/> Play |
| <input type="checkbox"/> Moving picture show | <input type="checkbox"/> Floor show | <input type="checkbox"/> Light show |
| <input type="checkbox"/> Theatrical exhibition | <input type="checkbox"/> Karaoke | |
- Any other audio or visual show, whether live or recorded specifically (*please describe*):

Other Description: _____

7. Number of Bathrooms inside the establishment _____

8. Parking and Access

Describe accommodations for parking and other means of access (walking, biking, transit, etc).

9. Neighborhood Impacts

Describe proximity to residences, businesses or other uses who may be impacted by the event (e.g. – noise, crowds, etc.) and any measures that will be implemented to reduce and manage potential neighbor impacts.

10. Security Plan Details

Describe security measures (attach additional pages, if necessary).

10(a). Will there be a Police Detail provided?

- No Yes, _____ # of officers Unknown

11. Applicant's Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

The applicant's signature certifies that the above information is true and accurate to the best of their knowledge. The applicant confirms that they are aware that a license may be withheld or revoked when the use is conducted in manner that does not conform to all provisions of law, including ordinances and rules and regulations of the City of Worcester. Grant of a license is not confirmation of compliance with zoning or other pertinent regulations.

_____ **Date:** _____

Applicant's signature

12. Owner Name: (if different from Applicant) _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Owner's Signature certifying that the above information is true and accurate to the best of their knowledge:
(Required if the Applicant is not the same as the Owner; signed letter of permission is an acceptable substitute)

_____ **Date:** _____

Owner's signature