



## **ONE-DAY ENTERTAINMENT LICENSE APPLICATION**

1. Event Name: \_\_\_\_\_

2. Event Address/Location: \_\_\_\_\_

3. Dates, Times, and estimated number of attendees:

Date: \_\_\_\_\_ Rain Date \_\_\_\_\_ Time (Start): \_\_\_\_\_ (End): \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Date: \_\_\_\_\_ Rain Date \_\_\_\_\_ Time (Start): \_\_\_\_\_ (End): \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Date: \_\_\_\_\_ Rain Date \_\_\_\_\_ Time (Start): \_\_\_\_\_ (End): \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Date: \_\_\_\_\_ Rain Date \_\_\_\_\_ Time (Start): \_\_\_\_\_ (End): \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Date: \_\_\_\_\_ Rain Date \_\_\_\_\_ Time (Start): \_\_\_\_\_ (End): \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

4. Indoor or Outdoor Event

☐ Indoors

☐ Outdoors

5. 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. **Attach a floorplan (indoors) or sketch (outdoors).***

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6. Will alcohol be served?

☐ Yes

☐ No

*Note: A Special One-Day Alcohol License (separate application) is required to serve alcohol if the event location is not entirely within the licensed area of an existing licensed premises.*

7. Number of Bathrooms inside the establishment \_\_\_\_\_

**8. 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:* \_\_\_\_\_

**9. 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                 |   |
| <input type="checkbox"/> Any other audio or visual show, whether live or recorded specifically ( <i>please describe</i> ): |  |   |

*Other Description:* \_\_\_\_\_

**10. Parking and Access**

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

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**11. 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.*

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## 12. Security Plan Details

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

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### 12(a). Will there be a Police Detail provided?

☐ No      ☐ Yes, \_\_\_\_\_ # of officers      ☐ Unknown

### 13. 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*

### 14. Name of event manager (if different than applicant): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 15. 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:** \_\_\_\_\_