



License Fee: \$50.00

## YEARLY LIVE/NON-LIVE ENTERTAINMENT 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.*

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

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

**7. What is the occupancy of the premises** \_\_\_\_\_

**8. Does the premises have sprinklers** \_\_\_\_\_

**8. Number of Bathrooms inside the establishment** \_\_\_\_\_

**9. Parking and Access**

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

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**10. 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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**11. Security Plan Details**

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

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**12.. 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. 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*

\_\_\_\_\_  
This application is approved to go forward to be heard at a License Commission meeting.

Worcester Fire Department \_\_\_\_\_

Chief Building Official \_\_\_\_\_