

CITY OF NEWPORT, RHODE ISLAND

PUBLIC ENTERTAINMENT LICENSE APPLICATION
(June 1 - May 31)

TO THE HONORABLE COUNCIL: _____ DATE: _____

Owner: _____

d/b/a: _____

Address: _____

Business Phone: _____ Email Address: _____

Owner Address: _____

Owner City: _____ State: _____ Zip: _____

Owner Phone: _____

Mailing Address: _____

INDOOR: _____ YES _____ NO DAYS/HOURS: _____

OUTDOOR: _____ YES _____ NO DAYS/HOURS: _____

SITE PLAN MUST BE ATTACHED

.....

Filing Fee: \$15 _____ Date Paid: _____

License Fee : \$ _____ Date Paid: _____

Indoors- \$300
Outdoors- \$200

ACTION BY COUNCIL: _____ GRANTED: _____

ISSUED BY: _____ DATE: _____

PLEASE COMPLETE ALL CATEGORIES. Use "N/A" if not applicable.

AMPLIFICATION?	
DEEJAY?	
CONCERT?	
BAND?	
HOW MANY MUSICIANS?	
HOW MANY VOCALISTS?	
TYPES OF MUSICAL INSTRUMENTS?	
DANCING?	
DANCE REVUE	
MOVIES?	
PLAYS?	
MEDIA?	
OTHER	

Expected Attendance: _____ Seating Capacity: _____

Parking Availability # of Vehicles: _____

Do you have a Liquor or Victualing License: _____

Your signature below indicates that you have reviewed the information on this two page form and agreed that it is correct. Any change will require that a new application be filed with the City Clerk's Office.

SIGNATURE OF REPRESENTATIVE:

PRINTED NAME:

DATE:

TITLE:

RESTRICTIONS: