



Live Entertainment Business License Application
City Ordinance Chapter 5.14

Please print in dark ink and mail to Business Licensing Service

Business Name: _____
Enter the name you will be doing business as. You must operate and advertise in the exact name listed.

Parent Company Name: _____
(If Corporate Owned)

Business Address: _____
(Cannot be a P.O. Box) Street # Street name Unit # City State Zip

Mailing Address _____
(Can be a P.O. Box) Street # Street name Unit # City State Zip

Phone: () - **Business Start Date:** _____

Ownership (Check One Only)

- Sole Proprietor Partnership Corporation LLC
 LLP LP Other:

E-mail: _____

Website: _____

OWNER'S OR PRINCIPAL'S NAME(S)

Name _____ **Name** _____

Home Address _____ **Home Address** _____

City _____ **Zip** _____ **City** _____ **Zip** _____

Telephone # _____ **Title** _____ **Telephone #** _____ **Title** _____

REAL ESTATE OWNER INFORMATION

Name _____ **City** _____

Address _____ **State** _____ **Zip** _____

Fee - \$50.00 Code 0281

ADDITIONAL INFORMATION

Intended starting date of live entertainment: _____ / _____ / _____ **Type of Live Entertainment:** _____

Building, grounds, or location known as: _____

Other types of entertainment at this location: _____

Type of liquor license, wine, or beer permit location is licensed for: _____

Signature of Applicant _____ **Date** _____