## **APPLICATION FOR PUBLIC ENTERTAINMENT LICENSE**

Any omission shall render the application void.
Information on this application is a public record.
Application and fee to be filed at least seven (7) days prior to activity.

In addition to License Fee there is an Investigation Fee of \$25.00 and a record check fee of \$7.00 for the applicant, principles of a corporation, LLC, or non-profit and local Manager or responsible party.

<u>An</u>	nusem	ent Pai	rk, Arcade and Mov	vie Theater lic	ense period is J	uly 1 thru June 3	0 ∼ all others a	<u>re charged a dail</u>	<u>y fee</u>
Date of Application:			F	Fees Paid:		_ Date Paid:			
Αp	plica	ınt:							
<b>*</b>	•		First, Middle)		ŀ	Home Address:			
	Maide	n Name	Э	Alia	as:	DOB:		Phone:	
	Temp	orary A	ddress, if applicable	:					
	Race:		Sex:	Height:	Weight:	Н	air:	Eyes:	
CHECK ONE:   Individual   Partnership   Corporation/Nonprofit Organization   LLC									
	COMPLETE SECTION A OR B, ALL MUST COMPLETE SECTION C & D  A. Individual or Partnership								
<b>+ +</b>	Name	(Last,	First, Middle)		Н	ome Address:			
Rad	ce:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:	
<b>*</b>	Name	(Last,	First, Middle)		ŀ	lome Address::			
Rad	ce:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:	
<b>B.</b> ◆	B. Corporation/Organization  Full name of Corporation/Organization /Nonprofit Organization/Limited Liability Company  Address of Corporation/Limited Liability Company  All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  If Other than above, state as to type of Organization:  Name & Title (Last, First, Middle)  Home Address:								
• Ra∈		Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:	
1\a			Last, First, Middle		БОВ.	Home Addre		i none.	
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<b>*</b>	Name	& Title	(Last, First, Middle	)		Home Addre	ess:		
Rad	ce:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:	
C. •	◆ Name (Last, First, Middle) Home Address:								
Ra	ce:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:	
D.	D. Dates of Event: Hours of Operation: Description of Entertainment:								

Page Two					
Location of Public Entert	ainment				
			Tax Parcel:		
Zoning:					
Name of Property Owner:					
Phone number of Property Owr				<u></u>	
			_		
List 3 other Municipalities conducted:	<b>s</b> where simi	lar activities	s have been con	ducted and	dates
City	State			Dates	
•					
•					
•					
(If additional, put on back s	ide of sheet.	)			
Applicant (Individual, par Report of Crime/Ordinand the last 5 years:				ctivities con	nmitted within
♦ Name (Last, First, Middle)			Nature:		
Date /Place of Violation	Date/F	Place of Convic			Penalty:
Name (Last, First, Middle)	Date/I	lace of Convic	Nature:		i chaity.
Date /Place of Violation	Date/E	Place of Convic			Penalty:
Name (Last, First, Middle)	Date/I	lace of Convic	Nature:		i chaity.
Date /Place of Violation	Date/F	Place of Convic			Penalty:
Name (Last, First, Middle)	Date/I	lace of Convic	Nature:		i chaity.
Date /Place of Violation	Date/F	Place of Convic			Penalty:
(If additional, put on back s			don.		i chaity.
(ii additional, put on baok o	nac or sincer.	,			
This list must be complete					
Changes to personnel me			_		_
Employees/Volunteers: In	nclude all nar	nes individ	uals are known b	by - attach s	separate list if
necessary					
♦ Name (Last, First, Middle)			Home Address:		
Race: Sex: Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)			Home Address:		
Race: Sex: Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)			Home Address:		
Race: Sex: Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)			Home Address:		
Race: Sex: Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)			Home Address:		
Race: Sex: Height:	Weight:	DOB:	Hair:	Eyes:	Phone:

◆ Nam	e (Last,	First, Middle)			Home Address:		
Race:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)				1	Home Address:		
Race:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)				1	Home Address:		
Race:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)			1	Home Address:			
Race:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
♦ Name (Last, First, Middle)				1	Home Address:		
Race:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:
Name (Last, First, Middle)				1	Home Address:		
Race:	Sex:	Height:	Weight:	DOB:	Hair:	Eyes:	Phone:

## **Employees** - Report of **Crime/Ordinance Violations** relating to public entertainment activities committed within the last 5 years:

♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
♦ Name (Last, First, Middle)		Nature:	
Date /Place of Violation	Date/Place of Conviction:		Penalty:
If additional, attach list			

Licensee agrees to indemnify and hold the City harmless from any liability arising from the acts or omissions of licensee during the course of performance of the licensed activities.

Signature of Licensee	

## COPIES OF THE FOLLOWING DOCUMENTS ARE ATTACHED:

- 1. Copy of valid driver's license **or** photo I.D. plus two additional pieces of ID If applicant is an organization, requirement applies to person signing application
- 2. Copy of any other license required by the State of Wisconsin or the City of Beloit for applicant's public entertainment activity.
- 3. To be provided by applicant or sponsoring organization: written authorization from landowner to applicant for use of the landowner's premises for public entertainment activities
- 4. To be provided by applicant for sponsoring organization: Certificate of Insurance naming City of Beloit as certificate holder and shall provide that policies of insurance shall not be canceled or altered without 30 days prior written notice to City

******POLICE DEPART	TMENT AUTHORIZATION************************************
Approved:	Date:
Comments:	

**Revised 1-1-10** 

M:\Public Entertainment Licensing\Public Entertainment License Application.