

TOWN OF GRAY
SPECIAL AMUSEMENT APPLICATION

Fee: \$250.00

Please print.

Name of Applicant(s): _____

Address of Applicant(s): _____

Name of Business: _____

Business Address: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____

List the Names & Addresses of all Officers: _____

Have any of the officers been convicted of a Class A, B or C Crime within the past five years? If so, give the name of the person and describe the offense: _____

Describe the premises for size, seating, etc., including security measures being taken: _____

Has applicant ever had a Special Amusement License denied or revoked? If so, describe the circumstances: _____

Please specify type of entertainment: _____

List days and hours of entertainment: _____

NOTE: Supplying false information regarding the Special Amusement Permit is grounds for denial of this application.

Signature(s) of Applicant(s): _____

Printed name(s) of Applicant(s): _____

Date: _____

-FOR MUNICIPAL USE ONLY-

Received by Town: _____

Fee Paid: _____

Approved by CEO _____ *Date:* _____

Comments: _____

Approved by Public Safety _____ *Date:* _____

Comments: _____