



# SPECIAL AMUSEMENT APPLICATION TOWN OF GRAY MAINE

**For Office Use Only**  
 Date Submitted: \_\_\_\_\_  
 Date Paid/Initials: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_

## CONTACT INFORMATION

Applicant		Business	
Name		Name	
PO Box/Street		PO Box/Street	
City/State/Zip		City/State/Zip	
Phone Number		Phone Number	
E-Mail Address		E-Mail Address	

## OFFICERS

List the Names & Addresses of all Officers (use an additional sheet if necessary)

Name		Address	

Have any of the officers been convicted of a Class A, B or C Crime within the past five years?  Yes  No

If yes, give the name of the person and describe the offense:

## ENTERTAINMENT

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

Has applicant ever had a Special Amusement License denied or revoked?

Yes  No

If so, describe the circumstances:

Please specify type of entertainment:

List days and hours of entertainment. (Please note pursuant to the Special Amusement Ordinance; all entertainment must end by 12:00 midnight.)

## SIGNATURES

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

Printed Name(s) of Applicant(s)

Applicant Signature(s):

Date:

## FOR MUNICIPAL USE ONLY

### Code Enforcement Officer Inspection & Approval

Signature/Title:

Date:

Comments:

### Public Safety Inspection & Approval

Signature/Title:

Date:

Comments: