

**CITY OF LAWRENCE
DEPT. OF PUBLIC WORKS**

APPLICATION FOR CONCERT HALLS/THEATERS

NAME OF APPLICANT: _____ PHONE NUMBER: _____

APPLICANT ADDRESS: _____ ZIP CODE: _____

BUSINESS NAME: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

VENUE ADDRESS (IF DIFFERENT): _____ ZIP CODE: _____

ZONING CLASSIFICATIONS: _____

LEGAL STATUS OF BUSINESS: _____ INDIVIDUAL PROPRIETOR _____ PARTNERSHIP _____ CORPORATION
_____ LLC

IF CORPORATION OR LLC, LIST STATE WHERE INCORPORATED OR AUTHORIZED: _____

REGISTERED AGENT NAME: _____

REGISTERED AGENT ADDRESS: _____ ZIP CODE: _____

IF CORPORATION, PRINCIPAL OFFICE OF CORPORATION: _____

IF CORPORATION OR PARTNERSHIP, LIST THE NAME AND ADDRESS OF EACH CORPORATE OFFICER/PARTNER (ATTACH SEPARATE LIST IF NEEDED):

SQUARE FOOTAGE OF PREMISES AT WHICH LICENSED ACTIVITIES TAKE PLACE: _____

HAS THE APPLICANT OR ANY PARTNER/CORPORATE OFFICER EVER BEEN DENIED A LICENSE OR HAD A LICENSE REVOKES OR SUSPENDED? _____ YES _____ NO

HAS THE APPLICANT, MANAGER, OR PARTNER/CORPORATE OFFICER EVER BEEN ARRESTED OR CONVICTED OF A FELONY, MISDEMEANOR, OR ORDINANCE VIOLATION OTHER THAN A MINOR TRAFFIC CHARGE? _____ YES _____ NO

RETAIL MERCHANT CERTIFICATE NUMBER: _____ (ATTACH COPY)

SELECT THE TYPE OF PERMIT FOR WHICH YOU ARE APPLYING: _____ CONCERT HALL _____ THEATER

_____ INDOOR ; ANNUAL (\$250 CONCERT/\$200 THEATER) _____ OUTDOOR* ; ANNUAL (\$2,500)

_____ INDOOR ; INDIVIDUAL PRESENTATION (\$50) _____ OUTDOOR* ; INDIVIDUAL PRESENTATION (\$1,000)

DAYS OF OPERATION: S M T W T F S HOURS OF OPERATION: _____

The undersigned affirms under penalty for perjury that the answers, representations, and information provided in this application are true and correct.

Signature

Printed Name

Date

REVISED 01.21.2021

