

TOWN OF SEDGWICK
Application for Special Amusement Permit

DATE received by Selectmen: _____

APPLICANT INFORMATION

NAME OF APPLICANT/S: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NAME OF BUSINESS: _____

ADDRESS: _____

BUSINESS OWNER/S: _____

NAME & ADDRESS: _____

If individual, list all places of residence for the past five (5) years. Use separate sheet if necessary: _____

If corporation, list all officers and addresses. Use separate sheet if necessary. _____

Has applicant ever had a license to conduct the business described either denied or revoked? If yes, describe the specific circumstances. Use separate sheet if necessary. **Yes** **No**

Has applicant ever been convicted of a felony or liquor law violation? If yes, describe specific circumstances. Use separate sheet if necessary. **Yes** **No**

PERMIT INFORMATION

Class of Permit: A B C D E NEW RENEWAL

Attach copies of all alcohol licenses currently held or pending by Applicant for premises concerned.

Hours of Permitted Activity: _____

Maximum allowed capacity: Indoors: _____ Outdoors: _____

Parking: Location (Attach site plan): Number of spaces: _____

NOTIFICATIONS

Notification of abutting Landowners: Yes No
If yes, attach proof of notification and address of abutting landowners.

INSURANCE

Proof of Insurance: Yes No
Attach proof of appropriate insurance coverage as required by Federal and State licensing agencies.

APPLICANT CERTIFICATION

I, or we, the undersigned hereby certify, under penalty of perjury, that the information contained In this Application and attachments is true and accurate, and that the operations as described will conform in every aspect and at all times with the conditions specified in the Town of Sedgwick Special Amusement Ordinance and other applicable Town, State and Federal regulations.

I, or we, further certify that all operations as described herein, should they fail to conform to the specific conditions of the Sedgwick Special Amusement Ordinance, the Applicant/s may be subject to a fine, as specified, and the entertainment be deemed a public nuisance subject to abatement by restraining order or injunction issued by a court of competent jurisdiction.

I, or we, further certify our understanding that no Permit shall be issued under the Special Amusement Ordinance unless the premises to be used for the purposes fully complies with all Ordinances, articles, by-laws, or rules and regulations of the Town of Sedgwick.

Signed: _____

Date: _____

INSPECTIONS

CEO INSPECTION OF PREMISES: Yes No
Date proposed: _____ Date inspected: _____

CEO approval: Yes No Permit fee paid: _____

CEO signature: _____