

**2019 ENTERTAINMENT LICENSE APPLICATION – YEAR ROUND**

**INSTRUCTIONS:** Please print this document as single pages, do not double side. Use this application for a year-round entertainment license. Please print or type all required information clearly. Along with this application, you must submit the fee, the Assembly Permit, the Dance Hall Permit, if required, the Occupancy Permit, and the Business/Organization’s Certificate of Insurance. All documentation must be attached or this application will not be accepted.

**ESTABLISHMENT INFORMATION**

Status (circle one): INITIAL / RENEWAL

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Establishments EIN: \_\_\_\_\_ - \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**LICENSEE INFORMATION – i.e. Operations/On-Site Manager**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex (circle one): M / F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color: \_\_\_\_\_

Length of Residence: \_\_\_\_\_ if less than 28 months provide your previous address(es):

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**A SEPARATE LICENSE IS REQUIRED FOR ONE-DAY ENTERTAINMENT EVENTS HELD OUTSIDE OF THE BUILDING.**

**TYPE OF AND DESCRIPTION OF ENTERTAINMENT ACTIVITIES**

Day(s) of the Week the entertainment activities will be held (Circle all that apply):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Description of Entertainment (such as the use of live bands, guest speakers, musicians, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED ALONG WITH YOUR APPLICATION**

- \$365.00 Entertainment License Application Fee (Non-refundable. Please make the check payable to the Town of Hampton)

**Name of Establishment:** \_\_\_\_\_

- Licensee's Motor Vehicle Driver Record – Original Record (Motor Vehicle Driver Record Form is obtained from the State of the residency of the Licensee)
- Licensee's Criminal Record – Original Record (Criminal Record Form is obtained from the State of the residency of the Licensee. In Massachusetts – Criminal History Systems Board, Chelsea MA Attn: CORI Unit)
- Establishment's Assembly Permit (Obtained from the Hampton Fire Department)
- Establishment's Dance Hall Permit (Obtained from the Town of Hampton – If Applicable to the Establishment)
- Establishment's Occupancy Permit (Obtained from the Hampton Building Department)
- Copy of the Business/Organization Certificate of Insurance (Obtained from your Insurance Company)

**CERTIFICATION**

Have you ever been convicted of a misdemeanor or a felony in this or any other state?

YES / NO If yes, please attach a separate sheet and explain.

Have you ever been convicted of a motor vehicle violation in this or any other state?

YES / NO If yes, please attach a separate sheet and explain.

Have you ever loss the privilege to operate a motor vehicle in this or any other state?

YES / NO If yes, please attach a separate sheet and explain.

Have you ever been licensed to drive in any other state?

YES / NO If yes, and have been licensed to drive in New Hampshire or any other state less than 7 Years, you are required to submit the following:

- Applicant's Criminal Record issued from the previous "State" - Original Record
- Motor Vehicle Driver Record issued from the previous "State" - Original Record

I do hereby certify under penalties of perjury that to the best of my knowledge, the above statements are true and that I have submitted the required information with this application:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please refer to the Code of Ordinances Chapter 149 Entertainment Activities for information and complete details of all requirements and documentation for an entertainment activities license.

All applications are verified by a records check. Falsifying information on this application is a crime and may result in arrest, prosecution, and immediate denial of a license. Allow 30 days for the processing of the license from the date of acceptance of a competed application.

**LICENSE EXPIRES ON MARCH 31<sup>st</sup>, 2020.**

Name of Establishment: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE – DEPARTMENTAL USE ONLY**

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**Police Department Review**

This application is (circle one): APPROVED / DENIED

Approval stipulations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licensing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Fire Department Review**

This application is (circle one): APPROVED / DENIED

Approval stipulations: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Licensing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Building Department Review**

This application is (circle one): APPROVED / DENIED

Approval stipulations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licensing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Entertainment License granted this day. \_\_\_\_\_

Board of Selectmen:

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