

APPLICATION FOR
LIVE ENTERTAINMENT/PUBLIC GATHERING
LICENSE
City of Quincy

Date _____

Name Of Applicant (PRINT) _____ Date Of Birth ____ / ____ / ____
(First) (Initial) (Last)

Home Address Of Applicant _____ Phone # _____
(Street) (City) (State) (Zip)

Name of Business _____

Business Address of Applicant _____ Phone # _____

Name of Event _____

Date(s) of Event _____

Time(s) of Event _____

Location of Event _____

Not for Profit YES NO

ATTENTION: You must provide proof of Not for Profit status with application.

Live Music – YES NO

Dancing -- YES NO

PLEASE READ AND SIGN BELOW

This event must be in compliance with ordinance #8987 which requires inspection and approval by the Quincy Fire Department, before license is issued. Failure to comply can result in Application/License being revoked.

Do you agree to observe all laws of the State of Illinois and ordinances of the City of Quincy?
 YES NO

SIGNATURE _____

Referred to: QPD _____ QFD _____ Date _____

(OFFICE USE BELOW)

Approved _____ Disapproved _____ Date _____

City Clerk _____ Date _____