

**Application for Stonington Special Activity/Amusement Permit
(Pursuant to 28-A M.R.S.A. Sec. 1054)**

Name of Applicant: _____

If applicant is a corporation, partnership, LLC or other similar entity, provide on an attached sheet the name, address, and state of residence of ALL principals (meaning anyone owning or controlling 10% or more of the applicant)

Address of Applicant: _____

Location of licensed premises: _____

Class of Permit applied for:

- A – Single Instrumentalist without mechanical amplification
- B – Single Instrumentalist and Vocalist without mechanical amplification
- C – One or more vocalists and/or instrumentalist without mechanical amplification
- D – Any one of the above with mechanical amplification
- E – Dancing with any of the above or accompanied by music produced by radio or other mechanical device

Describe the specific portion of the premises where the special activity/amusement will occur:

Set forth the specific time periods between which the special activity/amusement will occur:

Describe the specific activity or amusement for which the permit is requested: What type of entertainment is proposed? Will dancing be permitted?

Has any individual(s), partner(s), majority shareholder(s) of the business entity seeking this permit been convicted of a felony OR had any similar type of amusement or activity permit denied or revoked within the past ten (10) years by any other municipal or state authority, agency or board?

YES NO

If Yes, give the state of conviction for any felony and describe specifically the circumstances of any such denial or revocation giving the city, state, and date of such denial or revocation:

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Give any additional information to support your permit request:

As part of the application process, the individual or business entity seeking the permit herein acknowledges that the Municipal Officers, pursuant to 28-A M.R.S.A Subsection 1054(7), may suspend or revoke the permit applied for herein on the grounds that the activity or amusement constitutes a detriment to the public health, safety or welfare, or violates municipal ordinances or regulations.

NOTE: In reviewing this application, the Town relies on the accuracy and truth of the facts represented herein. Any misleading or incorrect information set forth in this application shall be grounds for denial or immediate revocation of the permit issued. By signing this application the applicant represents truth of the facts herein stated.

SIGNATURE: _____ **DATE:** _____

Printed Name: _____ **Title/Authority:** _____

Permit Fee Collected: YES NO Advertising Fee Collected: YES NO

Clerk Initials: _____ Date: _____

The permit application for the class applied for is:

APPROVED

DENIED

Stonington Board of Selectmen

Date _____
