



TOWN OF JAMESTOWN

One Day

Event/Entertainment Application

\$5.00 Application Fee

All licenses are issued subject to the resolution of debts, taxes and appropriate signatures

Please complete the following information:

- | | |
|---|---|
| <input type="radio"/> Seasonal Event | <input type="radio"/> Art/Craft Show |
| <input type="radio"/> Parade | <input type="radio"/> Theatre/Film Production |
| <input type="radio"/> Race: | <input type="radio"/> Concert |
| <input type="radio"/> Bicycle/Wheelchair | <input type="radio"/> Miscellaneous Function (please explain) _____ |
| <input type="radio"/> Run/Jog/Walk/Wheelchair | |
| <input type="radio"/> Marine Vessel | |

Name of Event: (if applicable) _____

Date of Event: _____ **Hours of Event:** _____

Location of Event: _____ **Number of people attending:** _____

Name of Applicant/ Business: _____

Mailing Address: _____ **Business Phone #:** _____

Email Address: _____

Contact Person: _____ **Phone Number:** _____

List the type of entertainment being requested, if applicable (Band, DJ, etc.) _____

Who will the event benefit? _____

Type of Operation: (Private, State Sponsored, Non-Profit): _____

R.I. Show Promoter's Permit Number, per RIGL § 44-19-1, (if applicable): _____

If the applicant is a Non-Profit organization, is it registered with the State? Yes No

RI Tax ID #: _____ **Non-Profit ID #:** _____

Number of Vendors/Peddlers: (circle one) **N/A** 1-10 11-20 21-30 31-40 41-50

All vendor/peddlers must submit an application to the Town Clerk's Office

What types of items will be sold at this event? _____

Will alcohol be provided and/or served at this event? *If yes, Alcohol Liability Insurance must be provided* Yes No

Will traffic control be needed? Yes No

If yes, Please contact the Jamestown Police Department

Note: All applicants must submit a liability insurance policy with coverage in the amount of \$2,000,000 (two million dollars) when using Town owned property, naming the Town of Jamestown as an additional Certificate Holder.

Certificate of insurance: Yes No

If there is additional information for the Town Council that you would like to add please attach separate correspondence.

Signature of Applicant: _____

Please attend the Town Council meeting on the _____ day of _____, 20_____ for Council review.

For Office Use Only

For Approval: Please sign & date

Department	Date	Comments
Town Administrator:		
Chief of Police:		
Fire Chief:		
Zoning Official:		
Director of Parks & Recreation:		
Director of Public Works:		
Water & Sewer Clerk		
Tax Collector		

This application has been **GRANTED/DENIED** by the Jamestown Town Council at a meeting held on the _____ day of _____, 20_____ for the event scheduled for: (date) _____ (time) _____ with a location of _____.

Issued: _____
Roberta J. Fagan, Town Clerk

Please keep this license on hand for the day of the event.