

Application attachment to other City license

\$485. With Dance  
\$270. Without Dance  
\$545. After Hours (1AM-3AM).  
Total due: \_\_\_\_\_

Office of the City Clerk  
389 Congress Street  
Portland, ME 04101  
207-874-8557

**Supplemental Application for Dancing and Entertainment**

Please attach a diagram of floor plan showing where in the facility the entertainment will be setup, the direction of any speakers and where dance floor, if any, will be located.

**Business Name (d/b/a):** \_\_\_\_\_

Location Address: \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Will music be electric or acoustical or both? \_\_\_\_\_

Will amplification used? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and at what level ? \_\_\_\_\_

Will you permit dancing on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you permit dancing or entertainment after 1:00AM? Yes \_\_\_\_\_ No \_\_\_\_\_

Will recorded music be played: Inside \_\_\_\_\_ Outside \_\_\_\_\_ Both \_\_\_\_\_

What is the distance to the nearest residential dwelling unit both inside and outside the building from where the entertainment will take place? \_\_\_\_\_

Please describe in detail the type and nature of the business and proposed entertainment: \_\_\_\_\_

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

If new applicant, what is your targeted opening date? : \_\_\_\_\_

Does the issuance of this license directly or indirectly benefit any City employee? Yes\_\_\_ No\_\_\_

If yes, list names of employee(s) and department(s).  
\_\_\_\_\_

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation, if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto.

I/ We hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/ We hereby waive any rights to privacy with respect thereto.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_