



Entertainment Permit Request for Modification

(Please type or Print Clearly)

MODIFICATION REQUEST INFORMATION

Today's Date: _____

Permit No. _____

Name of Business: _____

Business Address: _____

Type of Request: Hours Age Limit Security Area Other _____

Modification: Permanent 1-Day

Proposed Entertainment for
Modified Conditions: _____
(please be specific) _____

(attach extra sheets if needed)

Requested Extended Days: Mon Tues Wed Thurs Fri Sat Sun

Requested Extended Hours: From: _____ To: _____

Request to Modify Security: _____

Request to Modify other conditions: _____

APPLICANT INFORMATION

Applicant Name: _____

Email Address: _____ **Contact Number:** _____

Applicant Signature: _____

Co-Applicant Name: _____

Email Address: _____ **Contact Number:** _____

Co-Applicant Signature: _____

Date Received:	
Payment:	