

TOWN OF WILKESON

540 Church St.
P.O. Box 89
Wilkeson, WA 98396



Application for Live Entertainment License

Date: _____

This is an APPLICATION ONLY—

**YEARLY LICENSE IS GOOD FROM JULY 1ST TO
JUNE 30 OF THE FOLLOWING YEAR**

*(\$100 additional shall be assessed in the event of failure to make
timely payment and submittal.) Town must be notified 60 days
prior to the event.*

**FEE is \$25 per Day or
\$150.00 per year**

SECTION I. BUSINESS INFORMATION

Business Name _____
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ Business Phone # _____
City _____ State _____ Zip _____ Emergency Bus. Phone # _____
Email Address: _____

SECTION II. APPLICANT INFORMATION

Owner or Contact Name (please print) _____
Applicant Address (if different from above) _____
City _____ State _____ Zip _____ Contact Phone # _____
Contact Email Address: _____

DESCRIBE EVENT:

What: _____
Date of Event: _____ Time of Event: (Opening/Closing) _____
Fully describe and list the name of the entertainers: (You may attach programs, promo flyers, etc.)

SECTION III. SIGNATURE

*I hereby affirm that this application is true under penalty of perjury under the
laws of the state of Washington.*

APPLICATION SIGNATURE _____ **DATE** _____
(Please PRINT signature name) _____

OFFICE USE ONLY
Approved by: _____ Date Approved: _____ TR# _____