

Date: _____ Phone #: _____

Name of Applicant: _____

If Incorporated, name of registered agent: _____

Registered Agent's Address: _____

Applicant's Address: _____

Contact Person: _____

Location of Event: _____

Type of Event: Exhibition Performance Show

Please describe the event including the name of the group, performer, etc: _____

Date and Time of Event: _____

Number of People Expected to Attend: _____

Are alcoholic beverages being served or allowed on the premises? If the answer is yes, have you obtained state licensing for the same?

Will food or beverages be sold on the premises? If so, attach a copy of appropriate state and local licenses. _____

Will minors be admitted to the event? _____

Are bathroom facilities available? _____

Will there be a security guard or local police officer on the premises? If no, has the Lincoln Police Chief been contacted? _____

If permit is for a circus, please provide proof of State licensing.

Signature of Applicant: _____

Title: _____

Fee: \$25.00 Ad Fee: \$10.00

Building A Stronger Community Through Partnerships