

LOUDSPEAKER DEVICE (Special Provisions 2005.13)
 Office of the City Clerk
 City of Robbinsdale

LICENSE APPLICATION
 Fee: \$75.00

I, _____, hereby make application for an Entertainment License, subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES
 (Provide in full the first, middle and last names where requested)

Applicants Full Name & Title		Trade Name or D.B.A.	
Business Address		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
2nd Contact Person	2nd Contact Residence Phone No.	2nd Contact Business Phone No.	
3rd Contact Person	3rd Contact Residence Phone No.	3rd Contact Business No.	

Provide names, address and phone numbers of three business references from the metropolitan area:

 () _____ () _____ () _____

Type of loudspeaker: _____

Number of Loudspeakers: _____

Locations where it will be used: _____

Props and other equipment: _____

Date(s):

Time(s):

Set up date and times: _____

Describe events where equipment will be used and number of participants:

Describe type of security that will be provided during the event: _____

Describe provisions for sanitary services: _____

Name/Address of Company providing such service: _____

Phone Number: _____ Contact Person: _____

The Licensee must submit all of the following (check each item to indicate it is attached to this application):

Completed Application should be received in the Office of the City Clerk, 4100 Lakeview Ave N. , Robbinsdale, MN 55422, at least thirty (30) days before the beginning of the proposed event. Questions should be directed to the City Clerk at (763)531-1255.

Applicant Signature: _____ Date: _____

RECOMMENDATION OF DEPARTMENT HEADS (Initial your approval. Give reason for denial on separate memorandum)

	<u>APPROVE</u>	<u>CONDITIONS?</u>	<u>DENY/MEMO ATTACHED</u>
____ Building Official	_____	_____	_____
____ Chief of Police	_____	_____	_____
____ City Planner	_____	_____	_____