

**ENTERTAINMENT PERMIT – REQUEST FOR MODIFICATION**

(Please Type or Print Clearly)

| MODIFICATION REQUEST INFORMATION   |  |                                    |                                       |                               |                                |
|--|--|------------------------------------|---------------------------------------|-------------------------------|--------------------------------|
| <b>Permit No.</b>  |  | <b>Date</b>                        |                                       |                               |                                |
| <b>Name of Business</b>  |  |                                    |                                       |                               |                                |
| <b>Business Address</b>  |  |                                    |                                       |                               |                                |
| <b>Type of Modification Requested</b>  | <input type="checkbox"/> Permanent   |                                    | <input type="checkbox"/> Limited Term |                               |                                |
| If limited term, dates for modification  | From   |                                    | To                                    |                               |                                |
| <b>Modification(s) Requested</b>   | <input type="checkbox"/> Hours   | <input type="checkbox"/> Age Limit | <input type="checkbox"/> Security     | <input type="checkbox"/> Area | <input type="checkbox"/> Other |
| <b>Proposed Entertainment for Modified Conditions:</b>   |  |                                    |                                       |                               |                                |
| <b>Request to Modify Days of Entertainment</b>   |  |                                    |                                       |                               |                                |
| Current Days:  | <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |                                    |                                       |                               |                                |
| Requested Days:  | <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |                                    |                                       |                               |                                |
| <b>Request to Modify Hours of Entertainment</b>  |  |                                    |                                       |                               |                                |
| Current Hours:   | From   |                                    | To                                    |                               |                                |
| Requested Hours:   | From   |                                    | To                                    |                               |                                |
| <b>Request to Modify Minimum Age Limit</b>   | Current  |                                    | Requested                             |                               |                                |
| <b>Request to Modify Minimum Security</b>  | Current  |                                    | Requested                             |                               |                                |
| Please provide Justification explain in detail. Attach sheets if needed.   |  |                                    |                                       |                               |                                |
| <b>Request to Modify Area Subject to Entertainment Permit</b> (e.g., patio, etc)<br>Please provide scalable layout of venue including proposed expanded area for entertainment |  |                                    |                                       |                               |                                |
| <b>Request to modify other conditions.</b><br>Please explain in detail. Attach additional sheets if needed.  |  |                                    |                                       |                               |                                |
| PERMIT HOLDER INFORMATION  |  |                                    |                                       |                               |                                |
| <b>Permit Holder Name #1</b>   |  |                                    |                                       |                               |                                |
| <b>E-Mail Address</b>  |  |                                    |                                       |                               |                                |
| <b>Contact Telephone No.</b>   |  | <b>Cell Phone</b>                  |                                       |                               |                                |
| <b>Permit Holder #1 Signature</b>  |  |                                    |                                       |                               |                                |
| <b>Permit Holder Name #2</b>   |  |                                    |                                       |                               |                                |
| <b>E-Mail Address</b>  |  |                                    |                                       |                               |                                |
| <b>Contact Telephone No.</b>   |  | <b>Cell Phone</b>                  |                                       |                               |                                |
| <b>Permit Holder #1 Signature</b>  |  |                                    |                                       |                               |                                |

Before modifying conditions of an entertainment permit, this application must be approved by the City (Representative). Staff members may be contacting the applicant(s) as part of this process. Inspection or comments by staff do not constitute approval of the request. Expenditures for remodeling, purchasing equipment, or entering into agreements or leases prior to approval is solely at the applicant(s) risk.

Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_