



Temporary Entertainment Permit

(__ of 5 annually)

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

(Number)

(scanned)

(not necessary)
(Leg file number)

(Processing step)

(initials)

This application modifies existing alcohol license number: _____
(Class B license only)

Corporate Information

Business Legal Name: _____

Business Address: _____

Business Contact Name, Position & Phone:

Email: _____

Licensed Premise Information

Business dba Name: _____

Licensed Address: _____

Business Contact Name, Position & Phone:

Email: _____

Premise Capacity: _____

Type of live entertainment to be offered: _____

Date(s) that live entertainment will be offered: _____

Number of security personnel and security plan: _____

Plan to handle control and clearance of the parking lot during hours of operation and at closing time: _____

Plan for unruly patrons, intoxicated patrons, and physical disturbances: _____

Underage drinking and fake ID plan: _____

Identify by name individuals who are employed by the establishment in a management capacity:

Name	Position

I certify that this information is true and correct to the best of my knowledge,

X

Signature

Date