MUSIC ENTERTAINMENT PERMIT APPLICATION

TOWN OF EAST HAMPTON

DATE _____ PERMIT NUMBER_____
(Permit number assigned by the Town Clerk's office)

NAME OF BUSINESS _____

ADDRESS _____

OFF Season Mailing Address _____

SUFFOLK COUNTY TAX MAP NUMBER _____

BUSINESS TELEPHONE NUMBER _____

BUSINESS E-MAIL ADDRESS _____

TYPE OF BUSINESS _____

NAME OF OWNER(S) _____

OWNER(S) ADDRESS _____
_____
_____

OWNER(S) TELEPHONE NUMBER _____

OWNER(S) E-MAIL ADDRESS _____

HAVE THE BUSINESS OR OWNERS BEEN CONVICTED OF ANY PROVISIONS OF CHAPTER 185 (NOISE) WITHIN THE LAST 18 MONTHS _____

PLEASE FILL OUT AND MAIL BACK TO THE TOWN CLERK'S OFFICE, 159 PANTIGO ROAD, EAST HAMPTON, NY 11937