## ENTERTAINMENT FACILITY LICENSE APPLICATION



Department of Taxes & Licenses 808 W Spokane Falls Blvd Spokane WA 99201-3336 (509) 625-6070 taxesandlicenses@spokanecity.org

## THIS IS AN APPLICATION ONLY. Issuance of the License is dependent upon approval of the reviewing officer and may take up to thirty (30) days. \$100 annual fee

\* No entertainment may take place until you receive the official license in the mail. Use of entertainment without this license can result in a civil infraction of \$536.

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BUSINESS NAME:		OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE:
BUSINESS ADDR:		APPLICATION DATE:
MAILING ADDR:		EXPIRATION DATE:
CITY:ST	ZIP	
PHONE: UBI #		LICENSE NUMBER:
		CLERK'S INITIALS:
SMC 08.02.0202 Amusement Facilities Fees	7 <b>.</b> 0	5 1 5 1 1 1
		Regular Entertainment
OWNER INFORMATION: OFFICERS, MEMBERS, AND ON SITE MANAGERS (USE ANOTHER PAGE IF NEEDED)		
NAME:	NAME: _	
TITLE:	TITLE:	
ADDR:	ADDR:	
CITY: ST: ZIP:	CITY:	ST: ZIP:
PH: BIRTH DATE:	PH:	BIRTH DATE:
NAME:	NAME:	
TITLE:	TITLE:	
ADDR:	ADDR:	
CITY: ST: ZIP:	CITY:	ST: ZIP:
PH:BIRTH DATE:	PH:	BIRTH DATE:
		ot constitute an authorization to conduct a business at any agrees to comply with all City Ordinances (E.G. Building
All persons applying for and holding permits / license license: Indemnification.	es issued under this chapter	shall agree to the following as a condition of the permit /
by any person or persons by reason of or resulti account of any act or omission of the licensee in such license. In the event any suit or action is br	ng from any negligence of the nits exercise of its license or rought against the City, the lice	rand all losses, claims, actions or damages suffered e licensee or its agents, employees, or patrons or on use or occupancy of any premises in connection with censee shall upon notice of commencement thereof, final judgment adverse to the City or to the City and
I certify under penalty of perjury the information abo legal age to obtain this license.	ve is correct and complete to	the best of my knowledge and belief, and the owners are o
SIGNATURE:	TITLE:	HOME PH:
If you no longer need a license, or your business clos	sed, please return application	with date of closure and signature.
SIGNATURE:	TITLE:	DATE OF CLOSURE: