



Town of Jamestown One Day Event/Entertainment Application

\$5.00 Application Fee

Date Rec'd _____
Office will enter date

**All licenses are issued subject to the resolution of debts, taxes and appropriate signatures
(This form can be used with or without vendors)**

Please complete the following information:

- Seasonal Event
- Parade
- Race:
 - Bicycle/Wheelchair
 - Run/Jog/Walk/Wheelchair
 - Marine Vessel
- Art/Craft Show
- Theatre/Film Production
- Concert
- Miscellaneous Function (please explain) _____

Name of Event: (if applicable) _____

Date of Event: _____ Hours of Event: _____

Location of Event: _____ Number of people attending: _____

Name of Applicant/ Business: _____

Mailing Address: _____ Business Phone #: _____

Contact Person: _____ Phone Number: _____

List the type of entertainment being requested, if applicable (Band, DJ, etc.) _____

Who will the event benefit? _____

Type of Operation: (Private, State Sponsored, Non-Profit): _____

R.I. Show Promoter's Permit Number, per RIGL § 44-19-1, (if applicable): _____

If the applicant is a Non-Profit organization, is it registered with the State? Yes No

RI Tax ID #: _____ Non-Profit ID #: _____

Number of Vendors/Peddlers: (circle one) N/A 1-10 11-20 21-30 31-40 41-50
(\$5.00 each Vendor/Peddler in addition to Application Fee)

A list of vendor/peddler and fee must be submitted to the Town Clerk's Office with this license. Vendor/Peddler list Must include name, address, phone number, date of birth, type of merchandise to be sold and exact location of sales.

What types of items will be sold at this event? _____

Will food be sold at the location? *If yes, you must contact the R.I. Department of Health* Yes No

Will alcohol be provided and/or served at this event? *If yes, Alcohol Liability Insurance must be provided* Yes No

Will traffic control or a public facility be needed? Yes No

If yes, Please contact the Jamestown Police Department, Public Works Department and/or the Recreation Department for rates and forms for approval.

New Requirement in Response to COVID- 19:

All Applicants must also submit a COVID-19 Event Control Plan:

https://www.reopeningri.com/resource_pdfs/COVID-19-Control_Plan_Fillable_Template-Final-5.13.20.pdf

Note: All applicants must submit a liability insurance policy with coverage in the amount of \$1,000,000 (one million dollars) when using Town owned property. Certificate of insurance: Yes No

If there is additional information for the Town Council that you would like to add please attach separate correspondence.

Signature of Applicant: _____

Please attend the Town Council meeting on the _____ day of _____, 20_____ for Council review.

For Office Use Only

License Fee: \$_____ Ins. Policy: _____ Ft. Getty Rental Permit: _____

For Approval: Please sign, date & provide approximate cost to Town.

Department	Date	Approximate Cost or Comments
Town Administrator:		
Chief of Police:		
Fire Chief:		
Zoning Official:		
Director of Parks & Recreation:		
Director of Public Works:		
Water & Sewer Clerk		
Tax Collector		



This application has been **GRANTED/DENIED** by the Jamestown Town Council at a meeting held on the _____ day of _____, 20_____ for the event scheduled for: (date) _____ (time) _____ with a location of _____.

Issued: _____

Erin F. Liese, CMC, Town Clerk

Please keep this license on hand for the day of the event.