

City of Lowndes, Mississippi

Application for Nightclub and Nightclub Promoter Permit

Application Date ____/____/____

Applicant's Name _____ **Date of Birth** _____

Applicants Business Address _____

Applicant's Home Address _____

Telephone (____) _____ - _____ **Cell Phone** (____) _____ - _____

Other (____) _____ - _____ **E-Mail** _____

Web Address _____ **Social Security Number** _____

Best time of day to reach applicant: _____

Nightclub/Nightclub Promoter Name _____

Nightclub Address _____

Telephone Number (____) _____ - _____

Is applicant the nightclub/nightclub promoter owner? ____ Yes ____ No

If "No", state applicant's position at the nightclub. _____

On a separate sheet, attach the following information:

1. Please provide the names, addresses, telephone numbers, dates of birth and Social Security Numbers of the Officers and directors of the applicant, if the applicant is a partnership or corporation. If the applicant is any other type of business entity, then the applicant shall provide the same information requested for all managers or other persons who control the business decisions of that entity;
2. The name, address and telephone numbers of all onsite managers of the nightclub; and
3. The name, address and telephone number of the owner of the property in which the nightclub is located if the applicant is not the owner of the property.

This nightclub ____ has ____ has not previously issued nightclub/nightclub promoter permit.

Alcohol License number with copy attached _____

Beer License number with copy attached _____

Lowndes County Business License Number _____

Date _____ **Signature of Applicant** _____

Printed Name of Applicant _____

Copy sent to Sheriff Department _____