

Meeting: Jan 30, 2019

Apply for an Entertainment / Event/ Raffle /One-Day Vendor/Class F Liquor Licenses

19-211

22812

Applicant

Rachel San Antonio
401-751-4812
rachel@camillesonthehill.com

Band y FB 1, 2, 8, 9, 15, 16, 22, 23

9pm - 12am

8

ENTERTAINMENT / EVENT

Start Time

9:00pm

Please provide the name of the promoter, if applicable.

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Name of individual managing event

George Kilborn

Email of person handling event

george@camillesonthehill.com

End Time

12:00am

If other/multiple is selected for security, please explain.

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Address where event will be held, if different from business address on file.

71 Bradford Street

Phone number of individual managing event

401-751-4812

Where will attendees park if parking spots are not available?

On street

Please list range of dates if event is running more than one day.

2-1, 2, 8, 9, 15, 16, 22, 23

Name of Event

Top of the hill Lounge

If your start/end time varies on different days of the event, please provide the breakdown of start and end time by date below.

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If event includes multiple rain dates, list them below.

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Number of days event will run

8

I will attach a list of entertainers on the following page (if applicable).

true

Anticipated number of attendees

50

Number of available parking spots, if applicable.

50

Event will have live band

false

Event will have adult entertainment

false

Event will have a DJ

Event will have a raffle

Handwritten signature

false

Event will have a dance by performer(s)

false

Event will have roller skating in a rink

false

Event will include dancing by patrons

false

Event will include mobile vendors.

false

Event will have a Class F Full (Non-profit) Liquor License

false

Will the event occur indoors or outdoors?

Indoor

At any time during this event, will sound amplification be used?

Yes

First date of event

02/01/2019

false

Event will have a theatrical performance

false

Event will include athletics

false

Event will include karaoke

false

Event will include trampolines

false

Event will have a Class F Limited (Non-profit, Beer and Wine Only) Liquor License

false

Will a promoter be used?

No

What type of security detail will you have?

NONE

Will parking be provided for attendees?

Yes

Rain date, if applicable

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FOR CLASS F LIQUOR LICENSE APPLICANTS ONLY

By checking here, I affirm that the organization I am applying on behalf of is a 501(c)(3).

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Blanket Vendor License

Are you holding an event or selling merchandise at an event with numerous vendors?

No

Business Info

Business/Organization/ Individual Name or dba (doing business as)

Camille's Restaurant

Principal Owner/Organization Leader

David J. Florence/LLC Manager

Business Address

71 Bradford Street

Business Phone Number

401-751-4812

Is a CORPORATION (INC or LLC) applying to hold this license?

Yes

Name of CORPORATION (INC or LLC)

Top of the Hill, LLC

FOR CLASS F LIQUOR LICENSE APPLICANTS ONLY

Indoor/Outdoor Events / Expansion of Premises

Number of days event will be indoors

8

Number of days the event will be outdoors

0

Number of days events will require expansion of premises

0

Raffles

Will any of your events include raffles?

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Signature

I, the applicant, affirm that the facts contained herein are true and that any omission or nonfactual information could result in the denial of my license.

true

Please type the first and last name of the person filling out this application and attesting to the accuracy of all the information entered and agreed to above above.

Rachel San Antonio

If the person filling out the application is not the applicant, please explain your relationship with the applicant.

Office Manager