

submit date: march 28, 2019

Apply for an Entertainment / Event/ Raffle/Class F Liquor Licenses

19-738

23836  
Band

Oct 10  
2019

Raffle

Thundermist Health  
Center @ RW Park Casino

Applicant

Jessica Null  
401-235-6887  
jessicanu@thundermisthealth.org

Entertainment License Application

Application License Type

One-Time/One Day Entertainment License (with or without Class F)

Is a Corporation (LLC or INC) applying for this entertainment license?

No

lep-9p  
Are you applying for a Class F liquor licenses as part of your entertainment license?

No

Thundermist's  
50th Anniversary  
Gala

Business Organization Information

Name of business, organization, or individual applying for event

Thundermist Health Center

Principal Owner/Person responsible for the license

Jessica Null

Business Address

171 Service Avenue, Building 2, Warwick, RI 02886

Business Phone Number

401-235-6887

If the individual applying for the application is different from the principal owner or organizational leader, please explain why.

ENTERTAINMENT / EVENT

Start Time

6:00 p.m.

Please provide the name of the promoter and social media usernames they will promote with if applicable.

End Time

9:00 p.m.

Email of event point of contact

JessicaNu@ThundermistHealth.org

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

1000 Elmwood Ave, Providence, RI 02907

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

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Name of event

Thundermist's 50th Anniversary Gala

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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Number of days event will run

1

Phone number of event point of contact

401-235-6887

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

true

DJ-

false

Live Band and/or Theatrical Performance

true

Raffle

Adult Entertainment

false

false

Mobile Vendor

Will a promoter be used?

false

No

Dancing-

What type of security detail will you have?

false

NONE

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

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

Yes

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First date of event

10/10/2019

Rain date, if applicable

Name of event point of contact

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Jessica Null

Indoor/Outdoor Events / Expansion of Premises

Will entertainment occur indoors, outdoors, or both?

Number of days event will be indoors

Indoor Only

1

Raffles

Will any of your events include raffles?

How many different raffles will you be holding?

Yes

1

**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.

Jessica Null

**BCI**

Full Legal Name

--

Date of birth

--

Full address (current)

--

Full Address (Former if at current address less than 3 years)

--

Phone number

--

Gender (fill in)

--

Have you ever been arrested?

--

Have you served in any branch of the US Military?

--

Static Field

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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.

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