PATRICIA M. BARTON, CHAIRPERSON
MIGUEL FUNEZ, COMMISSIONER
JOHN T. KROL, COMMISSIONER

City of Lynn
OFFICE OF
LICENSE COMMISSIONERS
CITY HALL

LYNN APPLICATION for PROMOTERS LICENSE

Please enter your business information: (Please print all information)

Name of Business _____

Address of Business _____

Telephone Number of Business _____

e-mail address _____

Applicant's Name (Please Print) _____

Applicant's Street Address _____

Applicant's City, State, Zip _____

Applicant's Telephone Number _____

ESTABLISHMENTS YOU WILL BE WORKING WITH:

1 Establishment Name _____
Establishment Address _____

2 Establishment Name _____
Establishment Address _____

3 Establishment Name _____
Establishment Address _____

Type of Entertainment _____

Under Twenty-One Events? ☐ Yes ☐ No

Notify Licensing Board Seven (7) Days BEFORE Under 21 Event

APPLICANT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY

☐ $25.00 Fee Paid ☐ Copy of Contracts ☐ Copy of Business Card
☐ CORI Check ☐ Licensing Board Approval
Approval Date

LICENSING BOARD SIGNATURES

_____

_____

_____

INSTRUCTIONS FOR PROMOTERS

All Entertainment Promoters must be licensed.

License application forms will be presented to the Commission for approval.

Steps to complete:

1. CORI check must be done (Criminal History)
2. Copy of Contracts must be submitted
3. Copy of Business Card
4. Application fee - $25.00.
5. Application and attachments must be presented to the License Commission Clerk in the City Clerk's Office, Room 201.

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CORI REQUEST FORM

Licensing Board has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____
I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____
Applicant / Employee Signature

APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME OR ALIAS (IF APPLICABLE) _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER ____ - ____ - ____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: ☐ NO RECORD: ☐