



Kingston and St. Andrew Municipal Corporation

Places of Amusement

Application Form

Date: Day ____ Month _____ Year _____

The Chief Executive Officer
Kingston and St. Andrew Municipal Corporation
24 Church Street
Kingston, Jamaica

Dear Sir/Madam,

SECTION A

A1. Applicant's Name: _____

A2. Applicant's Address: _____

A3. Applicant's Contact Info: Cell: _____ Landline: _____

A4. Applicant's TRN: _____

A5. Applicant's Email Address: _____

A6. If Applicant is a Company, list Directors: _____

SECTION B

B1. Type of Amusement License:

Annual Special Event Other (Please specify): _____

B2. Type of Entertainment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Dancehall | <input type="checkbox"/> Club |
| <input type="checkbox"/> Open Air Dance Venue | <input type="checkbox"/> Amusement Arcade | <input type="checkbox"/> Coin Amusement Machine |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Roller Disco | <input type="checkbox"/> Skate Rink |
| <input type="checkbox"/> Games | <input type="checkbox"/> Circus | <input type="checkbox"/> Fashion |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Comedy | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Exposition | <input type="checkbox"/> Parade | <input type="checkbox"/> Other (please specify) |

SECTION C

C1. Location of Business Activity/ Event Venue:

Street Number: _____

Street Name: _____

Plaza/Commercial District: _____

Parish: _____

Vol.#: _____ Fol.# _____ Name of Owner: _____

C2. Date of Event (Special Event License): _____ (dd/mm/yyyy)

C3. Use of Venue

Building Only Grounds Only Building and Grounds

C4. If the venue has more than one building, please identify, in an attached document, all of the buildings to which the license applies.

SECTION D

D1. Maximum Capacity of Venue: _____

D2. Maximum Number of Patrons Expected: _____

D3. Parking Capacity: _____

D4. If there are additional parking arrangements please indicate:

<i>Location</i>	<i>Organization's Name</i>	<i>Capacity</i>

D5. Are there Private Security arrangements in place? Yes No

D6. If Yes, please indicate:

Name of Company: _____

Total No. of Security for the Event: _____

Total No. of Medical Personnel: _____

SECTION E

N.B. All applicants for a **Place of Amusement License** are hereby advised that approval is required from the **Kingston and St Andrew Municipal Corporation** to display advertisements for the event being promoted/hosted at the venue for which the application is being made. Failure to obtain this approval will result in any one of the following:

- Removal of Advertisement
- Refund/Revocation of Amusement License

E1. Examine the table below. If you will be displaying any of these items at or leading up to the event, please provide the requested information.

Type	Size(s)	No. of Sides	Circulation Period (in wks)	Qty	Total Fee
Feather Banners					
String Banner					
Banners					
LED Screens					
Illuminated Signs					
Sign boards	2 x 2				
	3 x 2				
	8 x 4				
Type	Size(s)	Qty		Total Fee	
Poster/Flyer					
Stage(s)	20 x 24				
	16 x 8				
	10 x 10				
	8 x 8				
	12 x 8				
	12 x 12				
Tent(s)	20 x 20				
	10 x 20				
	10 x 10				
Branded Tents					
Booths					
Sub Total					
Amusement License Fee					
Inspection Fee:					
Security Deposit:					
Total Cost:					

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I undertake to inform you of any changes therein immediately in case any of the above information is found to be false , untrue, misleading or found to be a misrepresentation. I confirm that I may be held liable to same.

Applicant's Signature: _____

Date: _____

For Official Use Only

Amusement License Fees Paid?

Yes No

If Yes, Receipt No. _____

Fee for Advertising Structures Paid?

Yes No N/A

If Yes, Receipt No. _____

Insurance Certificate Provided?

Yes No

Traffic/Security Plan Provided?

Yes No

Evacuation Plan Provided?

Yes No

Fire Certificate Provided?

Yes No

Floor and Site Plan Provided?

Yes No

Property Tax Certificate Provided?

Yes No

Proof of Ownership/Authorization
Provided?

Yes No

Approval Granted?

Yes No

Comments:

Name of Processing Officer:
(block letters): _____

Signature _____

Checked by:
(block letters) _____

Signature: _____

Approved by
(block letters): _____

Signature: _____

Date: _____