
**APPLICATION FOR A
TULIP TIME ENTERTAINMENT LICENSE**

The undersigned hereby submits the following information to support an application for a Tulip Time Entertainment License:

Name of Business _____ Phone _____

Address _____ City _____ State _____ Zip _____

Applicant Name _____ Phone _____

Applicant Address _____ City _____ State _____ Zip _____

Email _____

Name of Event _____

Type of Event _____

Date(s) of Event _____ Number of Days _____

Time of Event _____

Location of Event _____

NOTE: Application must be review by City Council.

I do hereby affirm that the above information is correct to the best of my knowledge.

Date

Applicant Signature

 **Payment MUST be received with application – Application will not be processed without payment.**