

WEEKDAY ENTERTAINMENT APPLICATION



TOWN OF HALIFAX

BUSINESS NAME _____

ADDRESS _____

PHONE NUMBER _____

CONTACT PERSON _____

TYPE OF ENTERTAINMENT (I.E LIVE BAND, DJ, POOL TABLE ETC.) _____

DAYS & TIMES (I.E THURSDAY THROUGH SATURDAY 4:00 P.M. TO 10:00 P.M.) _____

SIGNATURE OF APPLICANT _____

**RETURN TO THE SELECTMEN'S OFFICE
499 PLYMOUTH STREET, HALIFAX, MA 02338
OR FAX 781-294-7684**