



May 1, 2013 ---- April 30, 2014

CITY OF BURLINGTON ENTERTAINMENT PERMIT APPLICATION

- New (checked) Indoor (checked) Outdoor (unchecked)
Renewal (unchecked) Indoor (unchecked) Outdoor (unchecked)

PART I ORGANIZATION

All information in this section is required

- 1. Corporation/Sole Proprietor name Hen of the Woods Burlington, LLC
2. D/B/A (Business Name)
3. Bus. Phone 802-244-7300
4. Business Address 455 Cherry Street, Burlington, VT 05401
5. Mailing Address 92 Stowe Street, Waterbury, VT 05676
6. Contact person William McNeil 7. Contact Phone 802-578-7880
8. Email contact address WILLIAM@HENOFTHETWOODS.COM

PART II OPERATION

- 1. Occupancy Load 105 2. # of Restrooms 5 3. # of Egresses 2
4. Date of last Fire/Safety Check New Construction 5. Dancing by Patrons? Yes or No (No)
6. Amplified Music? Yes or No (Yes)

PART III TYPE OF ENTERTAINMENT

Please identify with a check mark the entertainment for which you are applying. Check all that apply.

- (X) Live Instrumental Music (X) Live Vocal Music () Jukebox
(X) Disc Jockey () Karaoke

***Please give additional description for any selections below on the next page (REQUIRED)

***Floor/Stage Shows

- () Fashion Show/Trade Show/Exhibition
() Readings
() Stage Play/Pantomime
() Comedian
() Dance Performance
() Contests/Games/Amusements
() Movies
() Other

patch #11460 5/1/13 (Continued on back)

Additional description


(REQUIRED): to we live jazz every once in a
while. Also a DJ for some events.
Music is meant to quiet not to distract
from dining.

**PART IV
PROPOSED HOURS OF ENTERTAINMENT**

WEEKDAYS	ENTERTAINMENT HOURS
Sunday	4pm - 10pm
Monday	4pm - 10pm
Tuesday	4pm - 10pm
Wednesday	4pm - 10pm
Thursday	4pm - 10pm
Friday	4pm - 10pm
Saturday	4pm - 10pm

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the preceding answers are true to the best of my knowledge and belief. I have read, understand and agree to comply with all City and State conditions, laws, ordinances, regulations and statutes.

DATE SIGNED: 4-30-13

SIGNATURE OF APPLICANT 

PRINT NAME: WILLIAM McNEIL

RELATIONSHIP TO BUSINESS CO-OWNER

OFFICE USE ONLY

Fee Paid \$ _____ Date: _____ Fee Returned \$ _____ Date: _____

At their meeting of 6/18/13, the Burlington City Council License Committee recommended
Approval Denial _____

At their meeting of _____, the Burlington City Council _____ this entertainment permit application.