



APPLICATION AND PERMIT FOR ENTERTAINMENT LICENSE

(PLEASE PRINT OR TYPE)

Business Name: CRAZY GRINGO NH Liquor License # 1307403

Address: P.O BOX 5063 03247 306 LAKESIDE AVE 03246

Applicant's Name: ROBERT MARONZI Telephone # 366 4411

Applicant's Address: [REDACTED]
Number Street City State Zip

Type of Entertainment:

General entertainment only in the LOWER Dining Room + Patio?
(specify area)

Dancing & general entertainment in the _____
(specify area)

Please describe the intended entertainment as checked above (print legibly).

Occasional soloist - KAROKA - Duo or small PE-
band for special events.

Date (s) requested for the entertainment: Randomly throughout the year.

(FOR CITY USE ONLY)

Application Fee: 200.00 Received on (date): 3/3/23 By: KM

Licensing Approval on: _____ License Start: _____ License Expires on: _____

Insurance Certificate Attached: _____ yes _____ no

Special Conditions of Approval: Check here if approved per 161.20 of City Licensing Ordinance.