



APPLICATION AND PERMIT FOR ENTERTAINMENT LICENSE

(PLEASE PRINT OR TYPE)

Business Name: Off The Rails NH Liquor License # 1718703

Address: 21 Weeks Street

Applicant's Name: Rob Stryke Telephone # _____

Applicant's Address: _____
Number Street City State Zip

E-mail Address: Rob@offtherailsrestaurant.com

Type of Entertainment:

☒ General entertainment only in the Front / Back Stage
(specify area)

☐ Dancing & general entertainment in the _____
(specify area)

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

Live music

Date (s) requested for the entertainment: 5/1/26 - 10/31/26

(FOR CITY USE ONLY)

Application Fee: \$100 Received on (date): 1/22/26 By: HST

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.