



Demonstration Permit Application

All Requested Information Must be Provided for Application Processing and Approval.

Demonstration Permit Fee: \$ 50.00

Charitable Event Check Here

Date of Application: _____

Name of Organization/Company: _____

Address: _____

Street Address

City

State

Zip Code

Phone Number: _____ Contact Email: _____

Name of Event: _____

Date(s) of Demonstration: Starting Date _____ Ending Date _____
Month/Day/Year Month/Day/Year

Address of Demonstration Event: _____

Street Address

City

State

Zip Code

Name of Guest Artist(s): _____ License Number: _____

_____ License Number: _____

_____ License Number: _____

Sponsoring Organization (If Applicable): _____

Demonstration Opened To Kentucky Licensed Professionals Only: Yes No

Demonstration Opened to General Public: Yes No

Event Supervisor Signature: _____ Date: _____