APPLICATION FOR DANCE

Dance Fee $30.00 Per Event **Non-Refundable Fee Must Accompany Application**

APPLICATION DATE:_____
APPLICANT NAME:_____PHONE: _____
First Middle Initial Last
ADDRESS:_____CITY:_____STATE:_____ZIP:_____
BIRTH DATE: _____ PLEASE INITIAL: _____ I AM TWENTY-ONE YEARS OR OLDER.

ORGANIZATION SPONSORING DANCE:_____
CONTACT NAME:_____PHONE:_____
ADDRESS:_____CITY:_____STATE:_____ZIP:_____

DATE OF DANCE:_____START AND END TIME:_____
LOCATION OF DANCE:_____
ADDRESS OF DANCE:_____PHONE:_____

RESTRICTIONS:

A. The owner or operator of every dance where minors under the age of 21 are in attendance shall be required to provide at its own expense adequate adult supervision as determined by the chief of police.

B. The owner of operator of every dance shall be required to hire at its own expense a security attendant or attendants, as required by the Chief of Police of the city, necessary to maintain good order in each dance.

C. Liquor shall not be allowed on the premises.

D. All public dances shall be discontinued and shall be closed on every Sunday through Thursday evening on for before midnight, and on Saturday and Sunday mornings by 1:00 a.m.

E. Licenses for public dances will be issued only to persons age twenty-one or older.

F. It is unlawful to issue pass checks, or other checks which permit a person to leave and enter a public dance.

REVOCATION:

In the event there is damage to property or disturbances consisting of assaultive behavior or a noise level that exceeds the decibels as set forth in the noise ordinances of the city, the police department may revoke a dance license without hearing, and such revocation shall be final.

I SWEAR THE PRECEDING INFORMATION IS TRUE AND ACCURATE:

DATE:_____SIGNATURE:_____
_____

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FOR OFFICE USE ONLY - DO NOT WRITE IN THE SPACE BELOW

I APPROVE__ DENY__ THIS DANCE LICENSE APPLICATION:_____
Chief of Police Date

I APPROVE__ DENY__THIS DANCE LICENSE APPLICATION:_____
Fire Marshall Date

I APPROVE__ DENY__THIS DANCE LICENSE APPLICATION:_____
Business License Officer Date

DATE SENT FOR APPROVAL:_____

RECEIPT INFORMATION: