

DANCE LICENSE APPLICATION FORM

Type of License Requested:
(Check appropriate categories)

- _____ New License
- _____ Renewal
- _____ Class "A"
- _____ Class "B"

1. Applicant: (individual, partnership, organization, etc.)
 Name _____ Birthdate _____
 Address _____
 Telephone No. _____ Driver's License No. _____
 NOTE: If not an individual, please complete the attached
 Form A - List of Officers

2. Number of dances proposed within a one-month period _____

3. Proposed Dates and Hours of Operation:
 (a) Dates: _____
 (b) Hours: _____

4. Location and occupancy of proposed dances:
 (a) Address _____
 (b) Proposed number of occupants _____

5. Is the proposed dance location owned by the applicant, leased by the applicant, or donated to the applicant:

Owner _____ Leased _____ Donated _____

If the proposed dance location is leased or donated, provide the following information:

Owner's Name _____
 Owner's Address _____
 Telephone No. _____

What, if any, special conditions are associated with the lease or donation?

The undersigned representative(s) certify that the applicant is the sole party, or the applicants are the sole parties, either directly or indirectly interested in the dance for which a license is sought, and that no other person, firm, corporation or association is, or will be, in any manner interested therein, either directly or indirectly, during the continuance of the license.

We certify under penalty of perjury, that the foregoing is true and correct.

 Signature of Applicant or Organization President

 Signature of Property Owner

SHERIFF'S APPROVAL OF SECURITY PERSONNEL

Please provide the following information regarding the security firm:

1. NAME _____
 ADDRESS _____
 TELEPHONE NUMBER _____ STATE LICENSE NUMBER _____

Please forward the following information for each individual to be employed for security purposes

1. NAME _____
 ADDRESS _____
 TELEPHONE NO. _____
 DATE OF BIRTH _____
 DRIVER'S LICENSE NO. _____

2. NAME _____
 ADDRESS _____
 TELEPHONE NO. _____
 DATE OF BIRTH _____
 DRIVER'S LICENSE NO. _____

3. NAME _____
 ADDRESS _____
 TELEPHONE NO. _____
 DATE OF BIRTH _____
 DRIVER'S LICENSE NO. _____

4. NAME _____
 ADDRESS _____
 TELEPHONE NO. _____
 DATE OF BIRTH _____
 DRIVER'S LICENSE NO. _____

NOTE: USE ADDITIONAL SHEETS AS NECESSARY TO PROVIDE ADDITIONAL INFORMATION

 TO BE COMPLETED BY SHERIFF'S PERSONNEL ONLY

REVIEWED BY _____

REMARKS _____

