



**NEIGHBORHOOD AND COMMUNITY SERVICES DEPARTMENT
REGULATED INDUSTRIES DIVISION**

TEMPORARY DANCE HALL PERMIT APPLICATION

This application is to obtain the permit for the period checked below:

One Day (\$15) _____ **One Month** (\$18.75) _____ **One Year** (\$125) _____

1. Name of Applicant or Managing Officer _____

2. Address _____

3. Home Phone Number _____ Work Phone Number _____

4. Business Name (Trade Name) _____

5. Business Address _____

6. County _____ Business Phone Number _____ Zip Code _____

7. Single Ownership _____ Partnership _____ Corporation _____

If partnership, list all partner's names and addresses _____

If corporation, list corporate name _____

President _____ Address _____

Vice President _____ Address _____

Secretary _____ Address _____

Treasurer _____ Address _____

8. List the names of ALL persons who may be assigned to any part of the management and control of the business, either directly or indirectly and describe their assignment.

NAME

ADDRESS

ASSIGNMENT

9. Attach proof that applicant and all officers and partners are at least 18 years of age.

10. List the name(s) of the property owner(s) _____

11. Have you or any partner, officer or director with interest in this application within the previous five (5) years been convicted of, or remained under confinement for, any felony or misdemeanor involving sexual abuse of a child, or pornography and related offenses, or controlled substances or illegal drugs or narcotics offenses, as described in the state's comprehensive drug control act. If yes, give details.

Attach Separate Sheet If Necessary

12. Date of Event _____ Time of Event (from _____ to _____)

13. Age of Persons Invited _____

14. Attach diagram of premises, including dance floor, stages, etc.

State of Missouri

County of

I, _____, being of lawful age, and duly sworn upon my oath do swear that the answers and information given in this application are true and complete to the best of my knowledge.

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, _____

Notary Public

My commission expires

[] Approved [] Disapproved _____ Date _____
Manager, Regulated Industries