

ANNUAL TEENAGE PUBLIC DANCE PERMIT INFORMATION SHEET

Revised 9/26/12

- **FEE:** \$50.00; **LICENSE YEAR:** June 1 thru May 31; **RESTRICTIONS:** Admit only persons 14 yrs. of age & over **and** who have not reached their 19th Birthday.
- Please allow a **minimum of 2 WEEKS** for processing.
- **FOR ALL RULES & REGULATIONS:** please read Lincoln Municipal Code Chapter 5.20 which is available on our website www.lincoln.ne.gov. 1) Click on "Government", 2) under "City of Lincoln", click on "Departments", 3) click on "City Attorney", 4) click on "Lincoln Municipal Code", 5) Click on "Title 5", click on "5.20".

RETURN APPLICATION , SITE PLAN & PAYMENT TO: City Clerk's Office, 555 S. 10th St., Lincoln NE 68508 (Make checks payable to **City of Lincoln.**) (Please note: Payments by check authorize the City to make a one-time electronic fund transfer. Funds may be withdrawn immediately and your check will not be returned.) Questions? Call Teresa at (402) 441-7437.

THE SITE PLAN MUST INCLUDE:

- A diagram of the space to be used for dancing
- Any dressing rooms, check rooms, bathrooms, entrances, exits, stairways, elevators & fire escapes.
- Must be no larger than an 8½" x 11" sheet of paper.
- **Must** be attached to this application *prior* to submission. **APPLICATION WILL BE RETURNED IF THIS IS NOT SUPPLIED.**
- A new application **MUST** be submitted if **ANY** changes are made to the establishment or dance area after the permit has been approved. This includes change of owners, remodeling, changes to the establishment site plan, etc.

Please Note: Lincoln Municipal Code Section 5.20.130 **requires** all dances to end by 12 a.m.

Applications are available on the City's web site at "www.lincoln.ne.gov"

ANNUAL TEENAGE PUBLIC DANCE PERMIT

Please PRINT using blue or black ink only.

1. **APPLICANT'S INFORMATION - must be 21 yrs. of age**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:					
CELL#:					
DATE OF BIRTH:					
EMAIL ADDRESS:					

2. **BUSINESS INFORMATION**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:					
CELL#:					
FAX #:					
EMAIL ADDRESS:					

3. **MAILING ADDRESS**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

4. **PROPERTY OWNER'S INFORMATION**

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

5. **MAX. # OF PERSONS ALLOWED ON THE PREMISES (OCCUPANCY):**

FLOOR OF BUILDING WHERE DANCING & ALL OTHER ROOMS ARE LOCATED (i.e., 1st, 2nd, etc.):

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6.

EMPLOYEE INFORMATION <i>All persons employed by applicant in conducting dance</i>		
NAME	ADDRESS	DATE OF BIRTH

7.

MINIMUM NUMBER OF ADULT SUPERVISORS:	
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8.

NAME(S), ADDRESS(ES), & AGE(S) OF SUPERVISORS		
Names	Addresses (Include City, State, & Zip)	Age

9.

HAVE ANY OF THE ABOVE-NAMED INDIVIDUALS BEEN FOUND GUILTY OR PLEAD GUILTY TO A MISDEMEANOR INVOLVING MORAL TURPITUDE OR HAVE BEEN CONVICTED OR PLEAD GUILTY TO ANY FELONY? Yes _____ No _____		
If yes, list names of person & where it occurred & explain <i>(use separate sheet of paper if necessary)</i> :		
NAME	CITY & STATE OF WHERE IT OCCURRED	EXPLANATION

Printed Name of Applicant

Date

Applicant's Signature

REVIEWING ACTION - OFFICE USE ONLY			
DEPARTMENT	APPROVED / DENIED	SIGNATURE	DATE
Bureau of Fire Prevention:			
Police Dept.:			
Health Dept.:			
Building & Safety Dept.:			

COMMENTS