

# ONE-TIME TEENAGE PUBLIC DANCE PERMIT APPLICATION

Governed by Lincoln Municipal Code Chapter 5.20

Revised 2/28/08

**FEE:** \$10.00 per day; **RESTRICTIONS:** Admit only persons 14 yrs. of age & over & who have not reached their 19<sup>th</sup> Birthday; Please allow a **minimum of 2 WEEKS** for processing.

**RETURN APPLICATION , SITE PLAN & PAYMENT TO:** City Clerk’s Office, 555 S. 10<sup>th</sup> 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 Funds may be withdrawn immediately and your check will not be returned.)

**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.

**Please PRINT using blue or black ink only.**

APPLICANT’S INFORMATION <i>(must be 21 yrs. of age)</i>				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:
PHONE #:		CELL PHONE #:		D.O.B:
EMAIL ADDRESS:				

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

MAILING ADDRESS				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP:

EVENT INFORMATION			
<i>Note: Lincoln Municipal Code Section 5.20.130 requires all dances to end by 1 a.m.</i>			
DATE(S):		HOURS:	
PURPOSE:			

LOCATION INFORMATION	
NAME:	
STREET ADDRESS:	
OCCUPANCY OF PREMISES:	
FLOOR OF BUILDING WHERE DANCE WILL BE HELD:	

EMPLOYEE INFORMATION		
<i>Names of ALL persons employed by applicant in conducting dance</i>		

<b>MINIMUM NUMBER OF ADULT SUPERVISORS:</b>	
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NAME(S), ADDRESS(ES), & AGE(S) OF SUPERVISORS		
Names	Addresses (Include City, State, & Zip)	Age

**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 *(use separate sheet of paper if necessary)*:

NAME	CITY & STATE OF WHERE IT OCCURRED	EXPLANATION

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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

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

COMMENTS