

ONE-TIME PUBLIC DANCE PERMIT INFORMATION SHEET

Revised 7/16/15

- **FEE:** \$10.00 per day; **RESTRICTIONS:** Admit only persons 18 yrs. of age & over.
- 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".
- **Site Location** - If you intend to use a parking lot: 1) the area cannot be located in the required zoning setback & 2) the area cannot be required parking for the buildings/businesses adjacent to the area.

For live music, the area must be zoned I-1, I-2, B-4 or B-5. For zoning questions, contact Todd Stutzman, Building & Safety, at (402) 441-7097.

- **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 Funds may be withdrawn immediately and your check will not be returned.)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 Sony 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 2 a.m. There are no exceptions.

ONE-TIME PUBLIC DANCE PERMIT APPLICATION

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#: | | | | | |
| 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.

| 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: | | | |

7.

| LOCATION INFORMATION | |
|-----------------------------|--|
| NAME: | |
| STREET ADDRESS: | |

8.

| EMPLOYEE INFORMATION | | |
|---|---------|---------------|
| <i>Names of all persons employed by applicant in conducting dance</i> | | |
| NAME | ADDRESS | DATE OF BIRTH |
| | | |
| | | |
| | | |
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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 |
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