600 Town Center Parkway, Lino Lakes, MN 55014
651-982-2400 Fax: 651-982-2499

DANCE LICENSE APPLICATION

Date _____ **LICENSE FEE**: $200/year

PLEASE PRINT

Name of Business / Organization _____

Contact Person _____

Address _____

City, State, Zip _____

Telephone Home (____) _____ Work (____) _____

Name of Applicant _____
First *Full Middle* *Last*

Address _____

City, State, Zip _____

Telephone Home (____) _____ Work (____) _____

Description of Dance Activities _____

_____

_____

Is this a request for an annual permit or a single event? _____ Annual Permit _____ Single Event

If single event, please complete the following:

From _____AM/PM to _____AM/PM
Date *Time* *Date* *Time*

Signature of Applicant _____

Date of City Council Approval _____