

THE CITY OF



OWATONNA

540 West Hills Circle
Owatonna, MN 55060-4794
Ph. (507) 444-4300
FAX: (507) 444-4394

APPLICATION FOR PUBLIC DANCE LICENSE
Pursuant to Section 435, et seq, of
1992 ORDINANCE CODE OF OWATONNA

Name of Applicant: _____

Phone: _____

Address: _____

Driver's License No. and expiration _____

Date, Location, and hours that dance will be held (shall not be held between 1:00 a.m. and 6:00 a.m. any day, nor on Sunday between 1:00 a.m. and 12:00 noon thereof): _____

- License fee of \$25.00
- Investigative fee of \$100.00 upon initial application only
- Certificate from the Building Inspector that building where dance or dances is or are to be held complies with all requirements and regulations relating to ventilation, toilet facilities, lighting and other regulations relating to public health per Section 435:10.
- Report of investigation from the Chief of Police per Section 435:10.
- Payment to and arrangements made with Chief of Police for provision of police officers at dance:

Certificate of Building Inspector _____ Date: _____

I, _____, am the duly appointed, qualified and acting Building Inspector for the City of Owatonna. I have inspected the building and premises indicated as the location for which this license is requested, and I find that said building and premises comply with all the requirements and regulations relating to ventilation, toilet facilities, lighting facilities, and other regulations relating to public health.

Building Inspector, City of Owatonna

Report of applicant by Police Department: _____

I have read the above mentioned Section 435, 1992 Ordinance Code of Owatonna and have knowledge of its terms and provisions, and I agree to obey all the terms, provisions and requirements of said ordinance and all other ordinances of the City of Owatonna and all the laws of the State of Minnesota.

Signature of Applicant

Date

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CITY OF OWATONNA LICENSE APPLICATION REPORT

<u>Name of Applicant</u>		<u>D.O.B.</u>		
LAST	FIRST	MIDDLE	MO. DAY	YR
Address (Street Name and Number)			Apt. #	
City		State		Zip Code
Please provide an original driver's license/picture identification and social security card to be verified.				
Driver's License #		State		Expiration Date
Social Security #		Verified By		
<u>REPORT OF INVESTIGATION</u>				
<u>RECOMMENDATIONS</u>				
DATE: _____				
SIGNATURE INVESTIGATING AUTHORITY				
<u>COUNCIL ACTION</u>				
LICENSE: _____ APPROVED _____ DISAPPROVED				
DATE OF COUNCIL ACTION: _____				
AUTHORIZED SIGNATURE: _____				
TITLE: _____				