



**CITY OF MANASSAS
VIRGINIA**
703/257-8211

Annual Event: _____

One Time Only Event: _____

DANCE PERMIT APPLICATION

Article III, Chapter 14 of the Code of Ordinances

Applicant or Business Name _____

Type of Business: Sole Proprietor ____ Partnership ____ Corporation ____ Other ____

Mailing address: _____

Phone: _____

Site location: _____

Owner(s) of facility: _____

Mailing address: _____

Phone: _____

Manager on-site: _____

Hours of operation: _____ **Hours dance will take place:** _____

Requested date(s) of events _____

Frequency _____

Start and finish time _____

(please note that events may not run later than 2:00 a.m.)

Type of performance/music: (rock, country, school band, etc) _____

Type of security you will be providing: _____

Have you operated other public dances? Yes ____ **No** ____

List three (3) character references. Include name, address and phone numbers:

1. _____

2. _____

3. _____

NAME AND PHONE NUMBER TO CONTACT IN CASE OF AN EMERGENCY (if owner or operator can not be reached)

If business is partnership or corporation, list names and addresses of other owners:

Projected attendance: _____ **Capacity of building:** _____

Amount of off-street parking: _____

Will Alcohol be served? Yes _____ **No** _____ **(list type)** _____

Signature of applicant

Date

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Approved by: **Fire Marshall** _____ **Chief of Police** _____

Zoning Administrator _____ **Comm. of the Revenue** _____

Treasurer _____ **City Council** _____

Fee paid: _____

Signature of City Clerk, by authority of City Council

Date

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