

CITY OF QUINCY

Dance Permit Application

Name of Entity: _____

Function: _____

Date(s): _____ Time of Dance: _____ # People Attending _____

Are there alcoholic beverages to be served or consumed on the premise? Yes ___ No ___

If yes, a banquet permit must be issued by the WA State Liquor Control Board. It must be presented at the time of application and a copy provided to the City. Permit No. _____
(PERMITS CAN BE PURCHASED AT YOUR LOCAL LIQUOR STORE. CALL 787-2729)

Is this dance admitting minors (17 and under)? Yes ___ No ___ If yes, please list chaperones on the back of this page.

Is there a cover charge? Yes ___ No ___ (or) Tickets sold for admission? Yes ___ No ___

Security will be provided by: _____
Name Address

1. The undersigned will save and hold harmless the City of Quincy from all loss, liability or expense resulting from any injury to any person, or any loss of or damage to any property, caused by or resulting from any act or omission of the undersigned or any member of their organization.

Signature: _____ Date: _____

Name (print): _____

Organization: _____

Address: _____

Phone: _____

<p><u>THIS APPLICATION WILL NOT BE ACCEPTED IF NOT COMPLETED</u></p> <p>_____</p> <p>Owner of Premises</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Phone Number</p>
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Clerk/Treasure: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

Permit fee \$15.00

Date paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**ALL APPLICATIONS MUST BE RECEIVED 15 DAYS PRIOR TO THE EVENT**

Please list the chaperones to be in attendance and held responsible for the dance so stated, for minors, on the other side of this form

|               |                  |                 |
|---------------|------------------|-----------------|
| _____<br>Name | _____<br>Address | _____<br>Phone# |
| _____<br>Name | _____<br>Address | _____<br>Phone# |
| _____<br>Name | _____<br>Address | _____<br>Phone# |
| _____<br>Name | _____<br>Address | _____<br>Phone# |
| _____<br>Name | _____<br>Address | _____<br>Phone# |