



City of Centerville Application for Dance Permit

Name/Address/Phone Number of Individual(s) or Organization responsible for making this application:

Name Address

Telephone Number City, State & Zip

Please describe your event/activity and specify location, dates, times, etc. (Be specific) Attach an additional sheet of paper if needed.

Event/Activity _____ Live Band _____ DJ

Location of Event Date & Times

How many individuals do you expect to attend this event? _____

If a live band, how many members and what equipment will be utilized? _____

Describe Security Measures: _____

What measures will you put into place to deter off-site noise? _____

Are you requesting additional permits? _____

(Temporary licensing of any kind associated with this event, i.e., Road Closure, Special Event Permit, Noise Permit, etc.)

Printed Name of Person Signing this App. Date

Signature

Office Use Only

Permit approved by: _____

Date: _____

Fee Paid: \$ _____

Receipt #: _____