

Town of Lincoln

Street Dance Permit Application

Date: _____

Name of Applicant: _____

Resident Address: _____

Business Name: _____

Business Location: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____

If Incorporated, Name of Registered Agent: _____

Registered Agent's address: _____

Date & Time of Event: _____

Describe in detail the kind and nature of entertainment: _____

Have you ever had a license to conduct the business described herein denied or revoked

No Yes If so, why? _____

Have you or any of your partners or corporate officers ever been convicted of a felony

No Yes If Yes, describe (be specific) _____

Authorized Signature

Title: _____

This permit includes all types of entertainment. Dancing is inclusive only if you have a dancing license issued by the State Fire Marshall's office, Department of Public Safety.

FOR OFFICE USE ONLY	
Date/Amt Permit Fee Paid	
Date/Amt Ad Fee Paid	

R0101 Permit Fee \$20.00

R0111 Ad Fee \$10.00

Building A Stronger Community Through Partnerships