

## CITY OF ENCINITAS

Development Services Department 505 S. Vulcan Ave Encinitas, CA 92024 www.encinitasca.gov

Phone: 760-633-2708

Email: permits@encinitasca.gov

## PUBLIC DANCE PERMIT APPLICATION SUPPLEMENTAL

Company Name:	
Owner(s) of Company*:	_
*Each partner/business associate must complete a Background Applicati Manager Name(s)*:	ion and Authorization to Release Information form.
	-
*Each manager must complete a Background Application and Authorizati	ion to Release Information form.
List all fictitious names the business will operate or advertise under	er:
Type of music participants will be dancing to (check all that apply	y):
<ul><li>□ Live Band</li><li>□ Karaoke</li><li>□ Other</li></ul>	
Will alcoholic beverages be served? ☐ Yes ☐ No	
Age group of participants:	
Days Dance will be conducted: ☐ M ☐ T ☐ W	□ Th □ F □ Sa □ Su
Hours Dancing will be conducted: From □ AM □	PM To AM PM
□ By checking this box, I certify under penalty of perjury that the state the best of my knowledge. I understand any false statements or in revocation of the permit. I acknowledge I will adhere to the condition multiple complaints received by the City may constitute violations of permit.	nformation are grounds for denial of this application or ons as stated on the permit. Any misuse of privileges or
Name:	Date:
Signaturo	