

CITY OF SILVER BAY
PUBLIC DANCE PERMIT APPLICATION

License Fee: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Name of Organization (if applicable): _____

Name and Address of Hall: Silver Bay Reunion Hall
97 Outer Drive
Silver Bay, MN 55614

Date of Dance: _____

Type of Event: _____

Is Public Invited? _____ Yes _____ No Number of Guests: _____

Reception/Dinner From: _____ to _____

Dance From _____ to _____

Check all that apply:

- _____ Food
- _____ Alcohol
- _____ Music
- _____ Gambling (Permit Required)
- _____ Non-Profit (Provide evidence of tax status, i.e. tax exempt form)
- _____ Charity Benefit or Fund Raiser

I hereby declare under penalty of perjury that the foregoing is true and correct and that the applicant agrees to comply with all conditions imposed with the issuance of this permit.

APPLICANT SIGNATURE

DATE

Subscribed and sworn to before me this _____ day
of _____, 20__.

NOTARY PUBLIC

OFFICE USE ONLY

Date Paid: _____

Amount: _____

Receipt #: _____