

CITY LICENSE APPLICATION PROCEDURES

STEP 1. Applications must be turned into this office either in person, via certified mail, Courier. Go to the County Tax Office at 500 Elm Street, 1st Floor, (214) 653-7615 to check for any back taxes, fees, fines or penalties owed to the City of Dallas. Submit the form provided by the County with your application. Any back taxes, fees, fines or penalties owed to the City of Dallas must be paid before the license will be issued.

Dallas Water Dept/ Special Collections Division 1500 Marilla St., Room 2DS, Dallas, TX 75201 (214) 670-3438

(Mailing Address: PO Box 139076, Dallas, TX 75313-9076)

It is your responsibility to make sure that the application is complete and that all the documents requested in the application are attached or your license will be denied.

You must pay a non-refundable fee of \$90.00 for zoning verification and \$2,375.00 for a survey to ensure that the proposed Dance Hall Business will be in compliance with locational restrictions set forth by city ordinance.

STEP 2. Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad

The Licensing Squad will review the application, zoning verification letter, and survey to determine if it meets all provisions of the ordinance. You will be notified when your license is approved. It is then your responsibility to pick up the license and pay a fee of

>	326.00	for a Class "A" Dance Hall License
\$	526.00	for a Class "B" Dance Hall License
\$	526.00	for a Class "C" Dance Hall License
\$	526.00	for a Class "E" Dance Hall License
\$	526.00	for a Late Hour Permit (In addition to the license fee for a
		Class A, B, or C Dance Hall, whichever is applicable)

At the **Dallas Water Dept / Special Collections Division**. If your application is denied, you will be notified by certified mail. If you have not been notified of your application status within thirty (30) days after you have submitted your application, contact the **Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad**. (NOTE: You may not operate as a DANCE HALL BUSINESS until you have picked up your license from the Water Department / Special Collections Division)

RENEWALS

Renewals are processed in the same manner as a new application. You should submit your renewal application at least thirty (30) days before it expires. No temporary license will be issued while your application is being processed. For your convenience, a renewal application will be sent to you, populated with the current information in our system. Applications can be downloaded from our website at www.dallascityhall.com If your license expires, you will be required to complete a new application and pay all applicable fees. If there has been an ownership change for this establishment, please complete a new application.

The Licensing Squad will review the renewal application to determine if it meets all provisions of the ordinance. You will be notified when your license is approved. It is then your responsibility to pick up the license and pay the applicable fee at the Dallas Water Dept / Special Collections Division. If your application is denied, you will be notified by certified mail. If you have not been notified of your application status within thirty (30) days after you have submitted your application, contact the Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad at (214) 671-3230.

(NOTE: You may not operate as a DANCE HALL BUSINESS until you have picked up your license from the Water Department / Special Collections Division)

IMPORTANT INFORMATION

Make sure that you submit all requested documents with your application. Failure to submit these documents could result in the denial of your application:

- Current criminal history (no older than four months) of all applicants and spouses from the Texas
 Department of Public Safety
- 2) A copy of any property lease or sublease
- 3) A copy of a Deed, if you own the property
- 4) A copy of your current T.A.B.C. application and license, if alcohol is sold on the premises
- 5) A copy of any articles of incorporation
- 6) A copy of any corporate minutes or other documentation reflecting the current officers of the corporation or other business entity
- 7) A copy of the "Assumed Name" record, if recorded with the County Clerks Office

CRIME RECORDS SERVICE

Procedure for review of personal criminal history record:

It is the policy of the Texas Department of Public Safety that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). The policy is in compliance with Texas Government Code, Section 552.023.

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by IdentoGO. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at https://uenroll.identogo.com/servicecode/11FT12 or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$10.00 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST: See attached instructions for the process that must be followed to submit fingerprint hard cards to MorphoTrust. The results will be mailed to the designated recipient provided by the individual.

If you have any questions for the Texas Department of Public Safety, please call (512) 424-2079.

If you have any questions regarding the licensing review process, please contact:

Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad Jack Evans Police Headquarters 1400 S. Lamar Street Dallas, TX 75215 (214) 671-3230

ELECTRONIC NOTIFICATIONS:

]	I would like to receive all future communications, renewal notifications, billing statements, and any and all other correspondence regarding my account, via email. By checking this box, I acknowledge and accept the																					
	receipt of	receipt of "Electronics Notifications" as the primary source of communications for my account(s) with the											ith the									
	City of D	allas,	Spec	cial (Colle	ectio	ns D	ivisi	on.	I furt	her ı	ınde	rstan	d tha	at it i	s my	resp	oons	ibilit	y to:	notif	y the
	Special C	ollect	tions	Div	isior	of a	any c	hang	ges ii	n my	ema	il ac	ldres	s or	data	cont	aine	d in t	his a	ppli	catio	n and
	that my fa	resu	lt in a	addit	tiona	ıl fee																
	My curre	nt em	ail ac	ldres	ss is:																	
	(Use as n	nany l	boxes	as n	eede	d. O	ne lei	ter o	r nun	nber	per b	ox, o	only)									
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Change notifications must be in writing and addressed to the:

Dallas Water Department / Special Collections Unit PO Box 139076 Dallas, TX 75313-9076

[] I do not wish to receive communication via email, regarding my account (renewal notifications, billing statements and any and all other correspondence).

(please note: You may change to email notifications by writing to us, at the above address, and providing your email information to us at any time).



APPLICATION For a CITY OF DALLAS DANCE HALL BUSINESS LICENSE

SURVI LICEN PAYO (If diff	EY FEE PAID: \$ ISE FEE PAID: \$ R: ferent than customer/	applicant, capture addre	INSTRUMEN Sess , C/S/Z, phone	COUNT NUMBER: TE PAID: // MENT NUMBER: T TYPE: [] CK [] MO [] C	C[]CASH	
CITY:		STATE:	ZIP:	PHONE:	()	
Section "has fa answer Date C Occupa	n 14-3 of the Dalla niled to provide in red a question or r furrent License Ex	s City Code states the formation reasonably equest for information of the states of th	at the police chy necessary for on on the appl	[] New	license to a	person who lsely n
[[[[Class "A" I Class "B" D Class "C" D Class "E" D Late Hour P	Dance Hall (Dancing Dance Hall (Dancing J Dance Hall (Dancing Dance Hall (Dancing	permitted less is scheduled 1 permitted 7 da e operation of	than 3 days a week)	ges 14-18 yea Hall until 4	ars of age) :00 am)
	DAYS:	OPEN:		CLOSE:		
[]	Sunday Monday	00:00:00		00:00:00		
[]	Tuesday	00:00:00		00:00:00		
[]	Wednesday	00:00:00		00:00:00		
[]	Thursday	00:00:00		00:00:00		
[]	Friday	00:00:00		00:00:00		
	Saturday	00:00:00		00:00:00		

IMPORTANT

If you have questions about filling out this application call the Strategic Deployment Bureau, Vice Unit, Licensing Squad at (214) 671-3230

SECTION A:	GENERAL INFOR	RMATION RE	GARDING THE BUSINESS	ENTITY	(please prin	<u>t)</u>
BUSINESS TR	ADE NAME :					
ADDRESS OF	BUSINESS:					
CITY / STATE	:			ZIP + FOU	R	
BUS. TELEPH	ONE NO:		BUS. FA	X NO:		
FEDERAL IDE	ENTIFICATION NU	JMBER:				
APPLICANT (RESPONSIBLE P	ERSON APPL	YING FOR THE DANCE H	ALL LICENS	SE): (please pi	rint)
						
Last Name		First Name	Middle Name	e	(Maiden N	Name)
Race: [] [] []	White African-American Hispanic	[] [] []	Native American Asian Other:			Male Female
Date Of Birth:			Social Security Number :			
Drivers License	e Number :			<u></u>	State :	
Applicants Hor	me Address :					
City / State :				Zip + Fo	ur	
Home No :			Bus. Telephor	ne <u>No:</u>		
Cellular Teleph	none No:		Pager No	:		
APPLICANTS	S SPOUSE INFOR	MATION:				
Last Name		First Name	Middle Name		(Maiden N	Name)
Race: [] []	White African-American Hispanic	[] [] []	Native American Asian Other:		Sex: []	Male Female
Date Of Birth:			Social Security Numbe <u>r:</u>			
Drivers License	Number:			_	State:	
Applicants Spo	ouse Home Address					
(Provide if addr	ess is different from	applicant)				
			Bus. Telephone N			
Cellular Teleph				lo:		

Any person (individual, proprietorship, corporation, association, or other legal entity) who operates or causes to be operated a Dance Hall Business must have a license. If more than one business entity is involved in the operation of the Dance Hall Business, each business entity must be licensed to operate the Dance Hall Business.

THE PERSON(S) OPERATING THE BUSINESS LISTED ABOVE IS / ARE (CHECK ONE):

[]	An Individual (Sole Two or More Indiv Corporation			Partnership Unincorporated Association Other:			
COMPL	ETE THE FOLI	OWING SE	CTIONS	<u>:</u>			
	n B then continue prietorship) (skip			o operates or causes a b	usiness to be op	erated is	an individual
	n C then continue ividuals (Co-owne			who operates or causes a and D)	a business to be	operated	l are two or
	n C then continue iip (skip sections l		person(s)	who operates or causes a	a business to be	operated	l are a
				who operates or causes ture, or other business e			
				OLE PROPRIETORS s to be operated is an indi		onvietov)	
`		•		•	•	• /	gasa nrint)
OWNER	SINFORMATIO	<u>JN (PERSO</u>	N WHO	OWNS THE DANCE I	<u> 1ALL BUSINI</u>	LSSJ: (pie	use prini)
Last Name	2	First Na	ame	Middle Nam	e	(Maiden	Name)
Race: [[] African-A	merican	[] [] []	Native American Asian Other:		[]	Male Female
Date Of I	Birth :		So	cial Security Number :			
Drivers Li	icense Number <u>:</u>				Stat	e :	
Applicants	s Home Address <u>:</u>					_	
City / Stat	e:				Zip + Four		
Home No	:			Bus. Telephone No	o:		
Cellular T	elephone No:			Pager No	o:		
OWNER	RS SPOUSE INFO	ORMATION	<u>V:</u>				
Last Nam	e	First N	ame	Middle Nan	ne	(Maiden	Name)
Race: [[] African-A	merican	[] []	Native American Asian Other:	Sex:	[]	Male Female

Date Of Birth :	Social Security Number :		
Drivers License Number <u>:</u>	Sta	te :	
applicants Home Address:			
City / State :	Zip + Four		
Home No:	Bus. Telephone No:		
Cellular Telephone No:	Pager No:		
SECTION C: CO-OWNERSHIP (To be considered) (Note: if the business is co-owned by two or most application a signed and notarized statement from the compact of the business and that you are each co-owns the business and that you are each applying for a Dance Hall Business License) CO-OWNERS INFORMATION (PERSONATION)	ore individuals, you (applicant) must som each of the co-owners other than you co-owners designated agent for the	submit with th yourself decla purpose of	is
Last Name First Name	Middle Name	(M	Iaiden Name)
Percentage of Ownership % : 0.00 Race: [] White	[] Native American [] Asian [] Other:	Sex:	[] Male [] Female
Date Of Birth:	Social Security Number :		
Drivers License Number :	Sta	te <u>:</u>	
Applicants Home Address :			
City / State :	Zip + Four		
Home No:	Bus. Telephone No:		
Cellular Telephone No:	Pager No:		
CO-OWNERS SPOUSE INFORMATION	(Please print)		
	_		
Last Name First Name	Middle Name	(M	aiden Name)
Race: [] White [] African-American	[] Native American [] Asian		[] Female
[] Hispanic	[] Other:		

Applicants	Home Address :							
City / State	»:	Zip + Four						
Home No :	:	Bus. Telephone No:						
Cellular Te	elephone No:	Pager No:						
CO-OWN		N WHO CO-OWNS THE DANCE						
Last Name	First Name	Middle Name	(Maiden Name)					
Percentage	of Ownership <u>%: 0.00</u>							
Race:	[] White [] African-American [] Hispanic	[] Native American [] Asian [] Other:	Sex: [] Male [] Female					
Date Of Bi	rth :	_ Social Security Number :						
Drivers Lic	cense Number <u>:</u>	State :	·					
Applicants	Home Address :							
	»:							
Home No:	:	Bus. Telephone No:						
Cellular Te	elephone No:	Pager No:						
CO-OWN	ER'S SPOUSE INFORMATION							
Last Name	First Name	Middle Name	(Maiden Name)					
Race:	[] White [] African-American [] Hispanic	[] Native American [] Asian [] Other:	[] Female					
Date Of Bi	rth :	Social Security Number :						
Drivers Lie	cense Number :	State	:					
Applicants	Home Address :							
City / State	:	Zip + Four:						
Home No :	·	Bus. Telephone No:						
Cellular Te	elephone No:	Pager No:						

SECTION D: PARTNERSHIP, CORPORATION, UNINCORPORATED ASSOCIATION, OR OTHER TYPE OF BUSINESS ENTITY

To Be Completed If Owner Is A Partnership, Corporation, Unincorporated Association, Or Other Type Of Business Entity.

If the owner of the business is a partnership, you (applicant) must submit with this application a signed and notarized statement from one of the partners declaring that he/she is a partner of a partnership to designate an agent for the purposes of applying for a Dance Hall License and that you (applicant) are the agent designated.

If the owner of the business is a Limited Partnership, you (applicant) must submit with this application a certified copy of the Certificate of Limited Partnership on file with the Secretary of State in Austin, Texas.

If the owner is a Corporation / Unincorporated Association / or other business entity, you (applicant) must submit with this application a signed and notarized statement from an officer of the Corporation / Unincorporated Association / or other business entity declaring that he/she has authority to designate an agent for the purposes of applying for an Dance Hall License and that you (applicant) are the agent designated.

In addition, if the owner is a Texas Corporation, you (applicant) must submit with this application a certified copy of the Articles of Incorporation (Charter) on file with the Secretary of State in Austin, Texas. If the owner is an out-of-state corporation, you (applicant) must submit with this application a certified copy of the Certificate of Authority on file with the Secretary of State in Austin, Texas.

If the business is some other type of entity, you must submit certified copies of any records filed with the Texas Secretary of State. If the business has not filed any records with the Texas Secretary of State, you must submit any By-Laws, Charters, minutes, or any other documentation showing the existence of the business entity. The documents must be accompanied by an affidavit attesting to the validity of the documents.

Any documentation indicating the officers of the corporation or other business entity must also be submitted with this application. The documentation must also be accompanied by an affidavit attesting to the validity of the documents.

CORPORA	TION / UNINCORPORATED	ASSOCIATION / PARTNERSHIP /	OTHER BUSIN	NESS ENTITY
LEGAL NA	AME:			
MAILING A	ADDRESS:			
CITY / STA	TE :	ZIP + FOUR		
ГЕГЕРНОЙ	NE NUMBER:	FAX NUMBER:		
Necessary) Last Name	First Na	me Middle Name		Maiden Name)
Percentage o	of Ownership % 0.00			
Race:	[] White [] African-American [] Hispanic	[] Native American [] Asian [] Other:	Sex:	[] Female
Date Of Bir	th :			

Drivers Lice	ense N	Jumber <u>:</u>			State :	
Home Addr	ess:_					
City / State	:			Zip + Four	•	
Home No:				Bus. Telephone No:		
Cellular Tel	epho	ne No:		Pager No.	<u> </u>	
CORPOR	ATE	OFFICERS OR OFFICERS	S OF TH	E ASSOCIATION OI	R PARTNERS S	SPOUSE
INFORM.	ATIC	N: (Please print)				
Last Name		First Name		Middle Name	(Ma	niden Name)
Race:	[] []	White African-American Hispanic	[] [] []	Native American Asian Other:	Sex:	[] Male [] Female
Percentage of	of Ow	nership % <u>0.00</u>				
Date Of Birt	h :		_ Socia	l Security Numb <u>er :</u>		
Drivers Lic	ense l	Number:			State :	
Applicants	Home	Address:				
City / State	:			Zip + Four		
Home No:				Bus. Telephone No:		
Cellular Tel	epho	ne No:		Pager No:		
Managers a	nd S	MANAGERS upervisors: You (applicant) no you know will be employed				
Total Numb	er O	f Managers: 000				
<u>DAYTIMI</u>	E MA	NAGERS (IF APPLICABI	<u>.E):</u> (Use	e Additional Sheets If Neo	cessary)	
Last Name		First Name		Middle Name	(Ma	niden Name)
Race:	[]	White African-American Hispanic	[] [] []	Native American Asian Other:	Sex:	[] Male [] Female
Date Of Bir	th :		_ Social S	Security Number :		
Drivers Lic	ense l	Number :		S	State:	
Home Addr	ess :					

City / State	:	Zip + Four_		
Home No:		Bus. Telephone No:		
Cellular Tel	ephone No:	Pager No:		
DAYTIME	C MANAGER			
Last Name	First Name	Middle Name	(M	aiden Name)
Race:	[] White [] African-American [] Hispanic	[] Native American [] Asian [] Other:	Sex:	[] Male [] Female
Date Of Bir	th :	_ Social Security Number :		
Drivers Lice	ense Number :	State	:	
Home Addr	ess:			
City / State	:	Zip + Four		
Home No :		Bus. Telephone No:		
Cellular Tel	ephone No:	Pager No:		
NIGHTTI Last Name	ME MANAGERS (IF APPLICA First Name	BLE): (Use Additional Sheets If Neo		iden Name)
Race:	[] White [] African-American [] Hispanic	[] Native American [] Asian [] Other:	Sex:	[] Male [] Female
Date Of Bir	th :	Social Security Number :		
Drivers Lice	ense Number <u>:</u>		State :	
Home Addr	ess :			
	:			
Home No:		Bus. Telephone No:		
Cellular Tel	ephone No:	Pager No:		

Last Name	First Name	Middle Name		(Maiden Name)
Race: [] White [] African-Ame [] Hispanic	rican	[] Native American [] Asian [] Other:	Sex:	[] Male [] Female
Date Of Birth :	Soci	al Security Number :		
Drivers License Number :		Star	te :	
Home Address :				
City / State :		Zip + Four		
Home No:		Bus. Telephone No:		
Cellular Telephone No:		Pager No:		
ninor traffic violation? f yes, state the name of the pewhich the person was charged Note: a criminal history of the	[] Yes erson arrested or char , the disposition of each	[] No ged, the date and location of t ach charge. (Use additional sl ust be attached to this application	he arrest heets if n	or charge, the crimecessary)
ninor traffic violation? f yes, state the name of the pervhich the person was charged Note: a criminal history of the aupply this record will result in a	[] Yes erson arrested or char , the disposition of each	[] No ged, the date and location of t ach charge. (Use additional sl ust be attached to this application	he arrest heets if n	or charge, the crimecessary)
Have you or any other person minor traffic violation? If yes, state the name of the person was charged Note: a criminal history of the capply this record will result in a least Name Date of Arrest or Charge:	[] Yes erson arrested or char the disposition of each cowners and spouses m denial of the application First Name	[] No ged, the date and location of t ach charge. (Use additional sl ust be attached to this application) Middle Name	he arrest heets if n	or charge, the crimecessary) over sheet). Failure to (Maiden Name)
ninor traffic violation? f yes, state the name of the pervhich the person was charged. Note: a criminal history of the aupply this record will result in authorise. Last Name Date of Arrest or Charge:	[] Yes erson arrested or char, the disposition of each owners and spouses makenial of the application First Name	[] No ged, the date and location of to ach charge. (Use additional slaust be attached to this application) Middle Name Crime Disposition & Date:	he arrest heets if n	or charge, the crimecessary) over sheet). Failure to (Maiden Name)
ninor traffic violation? If yes, state the name of the pervhich the person was charged. Note: a criminal history of the cupply this record will result in a cupply this record will reco	[] Yes erson arrested or char, the disposition of each owners and spouses makenial of the application First Name	[] No ged, the date and location of to ach charge. (Use additional slaust be attached to this application) Middle Name Crime Disposition & Date:	he arrest heets if n	or charge, the crimecessary) over sheet). Failure to (Maiden Name)
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f yes, state the name of the perhich the person was charged Note: a criminal history of the aupply this record will result in a Last Name Date of Arrest or Charge:	[] Yes erson arrested or char, the disposition of each owners and spouses makenial of the application First Name	[] No ged, the date and location of to ach charge. (Use additional slaust be attached to this application) Middle Name Crime Disposition & Date: Middle Name Crime Disposition & Date:	he arrest heets if non (see co	or charge, the crimecessary) over sheet). Failure to (Maiden Name)

SECTION G: PARENT AND/OR RELATED ENTITIES OR CORPORATIONS

Section 6A-7 of the Dallas City Code requires the applicant to identify all parent and related corporations or entities who own the corporation operating the Dance Hall Business, or who are involved in the operation of the Dance Hall Business. The names of the officers of each parent or related corporation or entity must be listed.

Please be aware that if a corporation is involved in the operation of the Dance Hall Business, then the applicant must review whether that corporation must also be licensed to operate the Dance Hall Business.

PARENT CORPORATIONS / OTHER BUSINESS ENTITY THAT OWNS THE CORPORATION OPERATING THE DANCE HALL BUSINESS: (Use Additional Sheets If Necessary) Name of the Corporation / Entity : _____ Address: City / State: ______ Zip + Four _____ Business Telephone Number: _____Business Fax Number: ____ Federal Identification Number: Officers: 1. Office: 2. _____ Office: _____ 3. ______ Office: _____ Office: RELATED CORPORATIONS / OTHER BUSINESS ENTITIES THAT ARE INVOLVED IN THE OPERATION OF THE DANCE HALL BUSINESS: (use additional sheets if necessary) Name of the Corporation / Entity: Address: City / State: _____ Zip + Four _____ Business Telephone Number: Business Fax Number: Federal Identification Number: Officers: 1. _____ Office: _____ 2. Office: _____ 3. Office: 4. _____ Office: _____

SECTION H: OTHER INFORMATION
OWNER OF PROPERTY ON WHICH BUSINESS OPERATES
Do you lease or sublease the building in which the business operates? [] Yes [] No
If you lease or sublease the building in which the business operates, you must provide the name and address of the person from whom you lease the building (Lessor) and submit a copy of your lease or sublease agreement with this application.
Name of Lessor :
Address of Lessor:
City / State: Zip + four
Has any person on this application been denied or had revoked or suspended any city, state or federal license within the preceding twelve (12) months? [] Yes [] No If yes, give the name, address, type of license, date when the license was denied, suspended or revoked and the reason license was denied, suspended or revoked
Name:
Address:
City / state: Zip + four
Type of license denied, suspended or revoked:
Reason license was denied, suspended or revoked:
Is there an Assumed Name Certificate on file with the County Clerks Office for the business listed on this application? If yes, you must submit with this application a certified copy of the Assumed Name Certificate. [] yes [] no

The following documents and information must be submitted with a completed application:

- 1) If owner of the property, copy of the Deed
- 2) Lease agreement including any subleases
- 3) If a corporation, a certified copy of the Articles Of Incorporation. If other business entities, the documentation requested in this application
- 4) If you sell alcoholic beverages, a copy of the application submitted to the Texas Alcoholic Beverage Commission for permit and a copy of the license or permit
- 5) A copy of a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business
- 6) A current criminal history (no older than 4 months) of all owners and spouses from the Department Of Public Safety
- 7) Any other documentation requested in this application

<u>IMPORTANT:</u> <u>READ BEFORE SIGNING</u>

Pursuant to Section 41A-4(e) of the Dallas City Code, if the licensee has obtained a Dance Hall Business license, the licensee must comply with the hours of operation requirement found in Section 41A-14.3(a) of the Dallas City Code. The possession of a Late-Hours permit issued pursuant to Section 14-3.1 of the Dallas City Code does not exempt the licensee of a Dance Hall Business license from the provisions of Section 41A-14.3(a) of the Dallas City Code. Dallas Police Department will seek criminal charges against you if you are found operating between 2:00 a.m. and 6:00 a.m. in violation of Section 41A-14.3, #Hours of Operation," of the Dallas City Code.

You are specifically reminded that the Dallas City Code Section 14-3 states: If a person who wishes to operate a Dance Hall Business is an individual. He must sign the application for a license as applicant. If a person who wishes to operate a Dance Hall Business is other than an individual, each individual who is an officer of the business or who has a twenty (20) percent or greater ownership interest in the business must sign the application for a license as applicant. Each applicant must be qualified under section 41a-5, and each applicant shall be considered a licensee if a license is granted.

Your signature on this application will constitute an admission that you are now or will be, when and if license is issued, the owner of the business listed on this application, a partner whose partnership owns or will own the business listed, or a corporate office of a corporation which owns or will own the business listed, or an officer of any other type of business entity.

Your signature on this application will be taken as an admission that you have read and understand the application form and Chapter 14-3 of the Dallas City Code.

If you do not receive your license within thirty (30) days, it is your responsibility to contact the Strategic Deployment Bureau, Vice Unit, Licensing Squad at (214) 671-3230 to ask why your license has not been issued.

(Signature):	_Title:
	_Title:
(Signature):	_Title:
(Signature):	_Title:

COUNTY OF DALLAS	§ §	
Before me, the undersigned authority, on the	nis day personally appeared:	
Who being duly sworn, deposes and says the statements made are true and correct.	hat he has carefully read the foregoing	
Subscribed and sworn to before me this	day of	
(seal)		
Notary Public in and for the State Of Texas	My commission e	expires:/
FOR OFFICE USE ONLY:		
Investigated by Detective:		
Date Approved://	Date Issued:	<u>/</u>
Date Denied://		
Supervisors Approval:	Date:	

§

THE STATE OF TEXAS