



MAYOR AND CITY COUNCIL OF LAUREL
OFFICE OF THE FIRE MARSHAL AND PERMIT SERVICES

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Web: <http://www.cityoflaurel.org> Email: fmps@laurel.md.us



DANCES (PUBLIC HALLS) LICENSE

THE APPLICANT/BUSINESS OWNER SHALL HAVE A VALID USE AND OCCUPANCY PERMIT, FOR AN ESTABLISHED USE AS PROVIDED FOR IN CHAPTER 20 OF THE CITY CODE.

DATE OF APPLICATION: _____

DATE(S) OF EVENT: _____

ALL ITEMS BELOW MUST BE COMPLETED. FAILURE TO PROVIDE FULL AND ACCURATE INFORMATION CAN RESULT IN APPLICATION REJECTION AND/OR DENIAL. ATTACH THE FOLLOWING TO THIS APPLICATION: **(1) PROOF OF IDENTITY, ISSUED BY THE STATE OF MARYLAND OR OTHER RECOGNIZED GOVERNMENT (2) A COMPLETE LISTING OF ANY OTHER LICENSES OR PERMITS ISSUED TO THE APPLICANT BY THE CITY WITHIN THE FIVE (5) YEARS PRECEDING THE DATE OF THIS APPLICATION.**

PLEASE PRINT CLEARLY

APPLICANT INFORMATION

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

MD STATE DRIVERS LICENSE/ID NUMBER: _____

APPLICANTS TELEPHONE NUMBER: () _____ - _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES OR NO
(CIRCLE ONE)

LICENSEE INFORMATION

LICENSEE COMPANY NAME/LICENSEE NAME: _____

LICENSEE ADDRESS: _____

I DO SOLEMNLY DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT I, THE OWNER, OR AGENT OF THE OWNER AUTHORIZED TO APPLY FOR THIS LICENSE, HEREBY CERTIFY THAT THE APPLICATION AND CONTENTS ARE TRUE AND CORRECT, THAT ALL ACTIVITIES PERFORMED UNDER THIS LICENSE WILL BE IN ACCORDANCE WITH CHAPTER 8, ARTICLE V, SECTIONS 8-51 THROUGH 8-55 OF THE CODE OF THE CITY OF LAUREL MARYLAND.

SIGNATURE OF APPLICANT: _____

Office Use Only:

LICENSE FEE DUE: \$100.00 per Dance = \$ _____

REPLACEMENT OF LOST OR MUTILATED LICENSE (CIRCLE ONE): \$25.00 EA. \$ _____

PROHIBITED ACTS AND OTHER CONDITIONS:

1. FAILURE TO ABIDE BY THE LAUREL CITY CODE MAY RESULT IN SUSPENSION OR DENIAL OF THIS LICENSE.
2. LICENSEE IS REQUIRED TO NOTIFY THIS DEPARTMENT WITHIN 15 DAYS OF LICENSE/LICENSEE CHANGES TO INCLUDE NAME, ADDRESS, TELEPHONE NUMBER, ETC

<i>APPROVED By the Office of the Fire Marshal and Permit Services:</i>	<i>Date:</i>
<i>APPROVED by the Director of Budget and Personnel Services:</i>	<i>Date:</i>

*****THIS LICENSE IS ONLY VALID FOR THE DATES SPECIFIED ABOVE*****

OFFICE USE ONLY: LICENSE NO.: _____