CITY OF VIRGINIA
APPLICATION FOR PERMIT TO HOLD DANCES

APPLICANT
FULL NAME:

_____
First Middle (No Initials) Last

_____
Address

_____/___/____
City, State, Zip Date of Birth

APPLICANT
FULL NAME:

_____
First Middle (No Initials) Last

_____
Address

_____/___/____
City, State, Zip Date of Birth

ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

_____

DATE OF DANCE: _____

LOCATION OF DANCE: _____

This dance permit will be subject to such condition as the City Council may prescribe and the requirements of the State of Minnesota.

_____ _____
APPLICANT SIGNATURE **APPLICANT SIGNATURE**

State of Minnesota)
St. Louis County)
City of Virginia Property Owners)

_____ _____
WITNESS (Property Owner) FULL NAME **WITNESS (Property Owner) FULL NAME**

being duly sworn, on oath say: that they have known the applicants who made and signed the foregoing application for a permit to hold and conduct public dances for more than _____ years; that said applicants are people of good moral character and reputation in the community in which they live; that said applicants have not, within five years prior to making said application, been convicted of any felony, gross misdemeanor, or of violation of any of the laws of the State of Minnesota relating to holding and conducting public dances, and they are proper and responsible people to receive a permit to hold and conduct the dance specified in this application.

Subscribed and sworn to before me this _____

day of _____, _____.

_____
Notary Public

_____
WITNESS SIGNATURE

_____
WITNESS SIGNATURE