



## APPLICATION FOR DANCE HALL LICENSE

Date \_\_\_\_\_

Name of Dance Hall or Dance Area \_\_\_\_\_

Address of Dance Hall or Dance Area \_\_\_\_\_

Name of Operator of Dance Hall or Dance Area \_\_\_\_\_

The undersigned hereby makes application for a license to operate a public dance hall or ballroom at the above address and agrees to comply with all City of St. Louis Ordinances governing the operation and conduct of dance halls. The undersigned further certifies that the answers to the questions below are true and correct.

1. Have you ever been arrested? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If yes, state nature of charges on the back of this application.

2. Do you have a St. Louis Liquor or Beer License? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

3. Do you have a St. Louis Restaurant License? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

4. Area of dance floor (in square feet) \_\_\_\_\_

5. Is there a hotel or rooming house in the same building? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

6. Number of exits leading out of dance hall \_\_\_\_\_

7. Number of restrooms: **WOMEN** \_\_\_\_\_ **MEN** \_\_\_\_\_

8. Names of Applicant (**PLEASE PRINT**) \_\_\_\_\_

9. By (**SIGNATURE**) \_\_\_\_\_ Are you: **Owner** \_\_\_ **Partner** \_\_\_ **Officer of Corp.** \_\_\_  
If Officer of Corp. please give title: \_\_\_\_\_

**PLEASE FILL IN:** Home Tel. \_\_\_\_\_ Business Tel. \_\_\_\_\_

**Hours for Inspection:** \_\_\_\_\_

**FOR OFFICE USE ONLY** Building Division \_\_\_\_\_ Health Division \_\_\_\_\_  
License Collector Notified \_\_\_\_\_ Signatures Verified \_\_\_\_\_

Building Division • City Emergency Management Agency • Excise Division • Fires Department/EMS  
Neighborhood Stabilization/Citizens Service Bureau • Division of Corrections • City Marshal