



SAN FRANCISCO ENTERTAINMENT COMMISSION

ONE NIGHT DANCE

APPLICANT'S NAME _____
(FIRST) (MIDDLE) (LAST)

RESIDENCE ADDRESS _____
(NUMBER) (STREET) (APT)

(CITY) (STATE) (ZIP) PHONE NO. ()
FAX NO. ()

DRIVERS'S LICENSE _____ DATE OF BIRTH _____
(NUMBER) (STATE)

BUSINESS/ORGANIZATION NAME _____
BUSINESS/ORGANIZATION ADDRESS _____
(NUMBER) (STREET) (APT/STE)

PURPOSE OF DANCE _____ OPEN TO PUBLIC? _____

LOCATION OF DANCE _____

DATE OF DANCE _____ STARTING TIME _____ FINISH TIME _____

ESTIMATE NUMBER OF ATTENDEES _____ AGE GROUP(S) _____

IF PARTICIPANTS ARE UNDER 18 YEARS OF AGE, WILL THERE BE ADULT SUPERVISION? _____
WILL SECURITY BE PROVIDED? _____ COMPANY NAME _____
WILL ALCOHOL BE SERVED? _____ WILL TICKETS BE SOLD AT THE FRONT DOOR? _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT, EXECUTED AT SAN FRANCISCO, CALIFORNIA. I UNDERSTAND AND THAT ANY FALSE OR INCOMPLET INFORMATION PROVIDED BY ME, RELATIVE TO THIS APPLICATION, MAY BE CONSIDERED CAUSE TO EITHER DENY THE REQUESTED PERMIT OR REVOKE THE PERMIT THAT IS GRANTED.

NAME _____ SIGNATURE _____ DATE _____
(PRINT)

SAN FRANCISCO ENTERTAINMENT COMMISSION (IF VALIDATED, THIS APPLICATION CONSTITUTES A PERMIT)

VALID PERMITS ON FILE? YES _____ NO _____

ISSUED BY: _____

EXECUTIVE DIRECTOR, ENTERTAINMENT COMMISSION

DATE ISSUED: _____

CONDITIONS IMPOSED _____

