



CITY OF PERHAM

Dance Permit Application

\$10.00 Fee

State of **Minnesota**
County of **Otter Tail**
City of **Perham**

Name of person(s) or organization applying for license: _____

Applicants Address: _____

Applicants Phone Number: _____

Location where Dance will be Held: _____

Date Dance will be Held: _____

Type of Dance: _____

Organization/Contact Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The said applicant making this application agrees to abide by all laws of the State of Minnesota and ordinances and regulations of the City of Perham. Applicant further states that they will not hold the City of Perham liable or responsible for any incidents which may happen as a result of this dance.

Applicant Signatures

Date

Police coverage is required for all dances.

Date referred to Police Department: _____

Name of Officers to provide Coverage: _____

Comments:

Police Chief Signature

Date

Office Use Only:

Amount Paid: _____

Receipt #: _____

Date: _____

Council Approval Date: _____