

**City of Glendale**  
**Office of the City Clerk**  
613 E. Broadway, Room 110  
Glendale, CA 91206  
818-548-2090

**Application for Public Dance Permit**  
GMC Code Sections 5.80.130-5.80.190

Application Fee: \$75.00  
Requirements:  
Supplement to Application: Yes  
Personal Affidavits: Yes  
Photographs: No  
Fingerprints: No

First Application \_\_\_\_\_  
Renewal \_\_\_\_\_  
Permit #: DAP \_\_\_\_\_

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (zip)

Phone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Individual: Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Partnership: Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporation: Officer's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager or Person in Charge:  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any partnership or corporation of which you were a member or officer had any license or permit denied, suspended or revoked by any state, territory or governmental agency? \_\_\_\_\_

**If you answered "Yes"** to the preceding question, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license or permit numbers, reasons and convictions. Any plea of nolo contendere must be disclosed.

**ATTACH COMPLETED SUPPLEMENTARY PAGE IF REQUIRED**

.....

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying.

I declare under penalty of perjury that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public or any other person authorized to administer oaths.)

SUPPLEMENT TO LICENSE/PERMIT APPLICATION

ADULT MOTION PICTURE/VIDEO ARCADE OR PEEP SHOW

Number of video arcade devices: \_\_\_\_\_

Number of peep show devices: \_\_\_\_\_

BILLIARD ROOM

List number and type of proposed and existing tables:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRIBUTING ADVERTISING

Submit sample of advertising with application. New samples are required with each change.

PLACE OF AMUSEMENT

Specific description of proposed place of amusement:

\_\_\_\_\_  
\_\_\_\_\_

Method of operation: \_\_\_\_\_

\_\_\_\_\_

SOLICITATION (COMMERCIAL ONLY)

Will there be any telephone solicitation? \_\_\_\_\_

State kind of goods to be sold or type of service to be performed:

\_\_\_\_\_  
\_\_\_\_\_

List any subcontractors or companies hired to perform solicitations. Include addresses and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of solicitation: Start \_\_\_\_\_ End \_\_\_\_\_

NOTE: This is a weekly license. Maximum length of solicitation is three (3) months.



818-548-2090

**CITY OF GLENDALE  
PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION**

**PLEASE PRINT OR TYPE**

**DATE:** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
Last First Middle

**RESIDENCE** \_\_\_\_\_  
Street City State/Zip  
**HOME PHONE ( )** \_\_\_\_\_

**BUSINESS** \_\_\_\_\_  
Street City State/Zip  
**BUSINESS PHONE ( )** \_\_\_\_\_

**DESCRIPTION** \_\_\_\_\_  
Date of Birth Sex Hgt. Wgt. Hair Color Eye Color

**DRIVER'S LICENSE NO.** \_\_\_\_\_ **SOCIAL SECURITY** \_\_\_\_\_

List any and all other names used for legal identification:

\_\_\_\_\_  
\_\_\_\_\_

Have you **ever** been convicted of a felony and/or misdemeanor? If answer is "YES" list the dates, specify the conviction, and identify the court and case number.

\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE PROVISIONS, RULES AND REGULATIONS OF THE CITY OF GLENDALE, CALIFORNIA AND THE MUNICIPAL CODE GOVERNING THE TYPE OF LICENSE OR PERMIT FOR WHICH I AM APPLYING.**

**Organization:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_