



CITY OF PINE ISLAND
 250 South Main Street – PO Box 280
 Pine Island, MN 55963
www.pineislandmn.com
 Phone: (507)356-4591
 Fax: (507)356-8230

DANCE PERMIT APPLICATION

Dance Permit Information can be found in city code Sec. 6.31

CHECKLIST OF MATERIALS REQUIRED FOR DANCE PERMIT	
1.	Application Completed
2.	\$50 Application fee

FILL IN ALL BLANKS. WRITE N/A IF A QUESTION DOES NOT APPLY

STEP 1. APPLICANT AND PROPERTY INFORMATION

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Email Address	
6. Address			
7. Mailing Address (if different than above)			
8. Please send official notices relating to this application to: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email		9. Role of person completing application: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Agent for the Owner <input type="checkbox"/> Other _____	

STEP 2. ADDITIONAL INFORMATION

1. Assembly Permit Application Submitted:
2. Insurance (attached a copy of liability policy to the application) Company name: _____ Policy Number: _____

STEP 3. REVIEW AND VARIFICATION

The information collected and required as part of this application will be used to determine eligibility for a City of Pine Island License or Permit. Disclosure of this information is voluntary. It is not legally required to provide requested data, however, failure to do so may mean the City of Pine Island is unable to process this application. All information contained in this application is public information upon submission pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13. Individuals have the right to see and obtain copies of the data maintained on them, including private data, and also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data.



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A SIGNATURE VERIFYING THE OVERALL ACCURACY AND COMPLETENESS OF THIS APPLICATION BY THE OWNER, PARTNER, OR OFFICER IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, agree I will strictly comply with all the laws of the State of Minnesota and all ordinances of the City of Pine Island, and understand I can review all City ordinances on the City website or in the City Clerk’s Office. I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my knowledge, information and belief. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial.

This application to the best of my knowledge meets the requirements set forth in City Code, Chapter 6, Sec. 6.31

Signature of Applicant _____

Date _____



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FOR CITY STAFF USE ONLY	
1. Is the application filled out in it's entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No (What is needed to complete the application?)	
2. Received by:	3. Date Received:
4. \$50 Fee Paid:	5. Date of Council Meeting:
6. Approved or Denied: (reason for denial):	
7. Applicant notified (date, method, staff member):	