



**COMMUNITY DEVELOPMENT DEPARTMENT
BUSINESS LICENSE DIVISION**

1700 W. 162nd Street, Gardena CA 90247

TEL: (310) 217-9518

EMAIL: CDDLICENSEANDPERMITCENTER@CI.GARDENA.CA.US

Dance Permit Application

Applicant Name			
Applicant Address			
Applicant Phone No.		Applicant Email Address	
Name of Organization (if applicable)			
Name and Address of Hall			
Date of dance	Is public invited: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, cost of ticket	Number of guests
Reception (Dinner) From:	To:	Dance From:	To:
Type of Event (Wedding Reception, Birthday Party, Etc.)			

I hereby declare under penalty of perjury that the foregoing is true and correct and that the applicant agrees to comply with all conditions imposed with the issuance of this permit.

Applicant Signature	Date
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Police Department Use Only

1. I approve of this dance subject to the following conditions:

- a. _____ security guards are to be assigned from _____ to _____;
- b. Intoxicants and/or loitering are NOT to be allowed outside the hall;
- c. Hours and maximum attendance are to be enforced by the applicant;
- d. Other: _____

2. I disapprove of the above dance _____

Chief of Police	Date
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For Administrative Use Only

- Guard Service contract provided
- Other _____