## CITY OF LAWRENCE DEPT. OF PUBLIC WORKS

## APPLICATION FOR SOCIAL CLUB/SKATING RINK

BUSINESS NAME:			
BUSINESS ADDRESS:	ZIP CODE:ZIP CODE:		
VENUE ADDRESS (IF DIFFERENT):			
EMAIL:	PHONE NUMBER:		
APPLICANT NAME:			
ADDRESS:	ZIP CODE:		
SELECT YOUR PERMIT:			
SOCIAL CLUB	SKATING RINK	FEES:	
ANNUAL; DANCING 1-2 DAYS/WEEK	ANNUAL; <7,000 FT <sup>2</sup> SKATING AREA	\$200.00	
ANNUAL; DANCING 3-4 DAYS/WEEK	ANNUAL; <10,000 FT <sup>2</sup> SKATING AREA	\$350.00	
ANNUAL; DANCING 5-7 DAYS/WEEK	ANNUAL; >10,000 FT <sup>2</sup> SKATING AREA	\$500.00	
INDIVIDUAL DANCE EVENT PERMIT	INDIVIDUAL DAY SKATING PERMIT	\$25.00	
DAYS OF OPERATION: S M T W T F			
ZONING CLASSIFICATIONS: RESIDENTIA			
LEGAL STATUS OF BUSINESS: INDIVIDU	AL PROPRIETOR PARTNERSHIP _	CORPORATION	
LLC			
IF CORPORATION OR LLC, LIST STATE WHERE	INCORPORATED OR AUTHORIZED:		
REGISTERED AGENT'S NAME:			
REGISTERED AGENT'S ADDRESS:	ZIP CODE:		
IF CORPORATION, PRINCIPAL OFFICE OF CORI	PORATION:		
IF CORPORATION OR PARTNERSHIP, LIST THE IF NEEDED):	NAME/ADDRESS OF EACH OFFICER/PA	RTNER (ATTACH LIST	

## PLEASE CONTINUE TO SECOND PAGE



	REVOKED OR SUSPENDED?_		S EVER BEEN DENIED F
	AGER, PARTNER, OR ANY COR DF A FELONY, MISDEMEANOR, ( ES NO		
IF YES, LIST BELOW (ATTAC	H SHEET IF NEEDED):		
TYPE OF CO	NVICTION	JURISDICT	TION
RETAIL MERCHANT CERTIFI	CATE NUMBER:		(ATTACH COPY
The undersigned affirms und in this application are true an	er penalty for perjury that the a d correct.	nswers, representations, a	and information provided
Signature	Printed Name		Date