

APPLICATION FOR PUBLIC DANCE HALL PERMIT

Department of Community Planning, Housing & Development – Zoning Division
2100 Clarendon Boulevard, Suite 1000, Arlington, Virginia 22201
building.arlingtonva.us | contactzoning@arlingtonva.us
Phone (703) 228-3883 – Fax (703) 228-3896



| | | | | |
|--|-------|---|-----------|-------|
| Case Number: | Date: | | | |
| Request Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Discontinue | | | | |
| APPLICANT DETAILS | | | | |
| Name: | | | | |
| Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | | | |
| Trading as: | | | | |
| Address: | | | | |
| PERMIT INFORMATION | | | | |
| Will this dance hall operate solely as a dance hall? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| This dance hall will operate in conjunction with: <input type="checkbox"/> Restaurant <input type="checkbox"/> Apt. Bldg. <input type="checkbox"/> Office Bldg. <input type="checkbox"/> Motel <input type="checkbox"/> Rental Hall <input type="checkbox"/> Other _____ | | | | |
| BUSINESS INFORMATION | | | | |
| Manager: | Name | Address | Telephone | Email |
| Business Owner: | Name | Address | Telephone | Email |
| Do you have a business privilege license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type: | | | | |
| Certificate of Occupancy Number: | | Date Issued: | | |
| Will alcoholic beverages be available? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, provide license number: Type of License: <input type="checkbox"/> Wine/Beer <input type="checkbox"/> Mixed <input type="checkbox"/> Both | | |
| Will entertainment be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, indicate type(s): | | |
| Days and times for dancing (be specific): <input type="checkbox"/> S ____ to ____ <input type="checkbox"/> M ____ to ____ <input type="checkbox"/> T ____ to ____ <input type="checkbox"/> W ____ to ____ <input type="checkbox"/> TH ____ to ____ <input type="checkbox"/> F ____ to ____ <input type="checkbox"/> S ____ to ____ | | | | |
| Which floor(s) or room(s) do you propose to use?: | | | Capacity: | |
| PROPERTY OWNER DETAILS | | | | |
| Building Owner (or agent): | | | | |
| Address: | | | Telephone | |

**Base fee: \$615 (plus 5% automation fee)
must accompany this application.**
Please make check payable to: Arlington County Treasurer
Mailing Address: Zoning Administration, 2100 Clarendon Blvd.
Suite 1000 Arlington, VA 22201

This Dance Hall Permit is not substitute for any other license required by law.

Name: _____

Title: _____

Mailing Address: _____

Telephone: _____ Email: _____

| ZONING OFFICE USE ONLY | |
|---|------------|
| Fee Paid: | Receipt #: |
| Date Received: | |
| Date Agency Notification Sent: | |
| Returned: <input type="checkbox"/> ABC <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Business License <input type="checkbox"/> Environmental Health <input type="checkbox"/> Code Enforcement | |
| Date Property Posted: | |
| Date Issued: | Permit #: |

I certify that the above information is true and correct to the best of my knowledge and belief and I have received a copy of Chapter 36 of the Arlington County Public Dance Hall Ordinance. I understand that Dance Hall permits are to be renewed annually. I also consent to receiving official correspondence about my application and permit issuance via electronic mail.

Applicant Signature