

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:
----------	------------

Please view the [Consolidated Zoning Fee Schedule](#) for current fees for a Public Dance Hall Permit.
Please make check payable to: Arlington County Treasurer
Mailing Address: Zoning Administration, 2100 Clarendon Blvd. Suite 1000 Arlington, VA 22201

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>This Dance Hall Permit is not substitute for any other license required by law.</i>	
Name:	
Title:	
Mailing Address:	
Telephone:	Email:

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 Dane 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