Matthew Johansen, Interim Sheriff

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MCKENZIE COUNTY DANCE APPLICATION

NAME:			
ADDRESS: TELEPHONE:			
CITY: ZIP CODE:			
HOURS OF DANCE OR FUNCT	ION:	TO:	
LOCATION OF DANCE OR FUN	ICTION:		
1. Is your dance/function	open to the public	? Yes N	lo
2. What type of dance/fun	ction are you hav	ring? (Pleas	e circle ONE)
Public Dance Private Wedding Dance Benefit Dance Other (please specify):	Street Dance Private Dance Private Public Function		Public Wedding Dance Club Dance Private Function
3. Approximately how ma	ny people will be a	attending? _	
4. What age group will be	present?	Adults Mixture of	
5. Name of the person/en	tity you have rent	ed this spac	ee from:
6. Will alcoholic beverage	s be permitted?	Yes No	
If yes, name of liq	uor permit holder:		
7. Name the band/DJ you	are having:		
OFFICE USE ONLY	Approved By:		
	Date:	Ch	eck:
	Deputy Assig	ned:	
	Deputy Assig	ned:	