



## PUBLIC DANCE PERMIT APPLICATION

**PERMIT FEE: \$50.00** per dance within a 24-hour period. Fee includes Village Building Inspector and Fire Department inspections performed prior to each event.

**IMPORTANT:** Any party organizing a public dance in the Village of Fox Crossing is responsible for obtaining a Public Dance Permit. Original completed application and permit fee must be filed with the Village Clerk a minimum of TEN (10) BUSINESS DAYS PRIOR TO DATE OF DANCE. PERMIT IS VALID FOR THE DAY OF THE DANCE ONLY. PERMIT MUST BE POSTED IN PUBLIC VIEW AT ENTRY POINT OF DANCE.

**Applicant must hire security by Winnebago County Sheriff's Reserve. Please call 920-236-7330.** The number of security officers needed shall be determined by the Winnebago County Sheriff's Reserve. Submit Contract for Deputy Services to Village of Fox Crossing, Village Clerk's Office.

### BUSINESS INFORMATION: (Applicant – Please obtain information from owner of facility/room)

Business Name \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY ZIP

Manager Name \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
LAST FIRST MI

Facility/Room to be Used \_\_\_\_\_

### APPLICANT INFORMATION: (To be provided by party organizing dance)

Purpose of Dance \_\_\_\_\_ Date of Dance \_\_\_\_\_

Time \_\_\_\_\_ am / pm \_\_\_\_\_ am / pm Party Organizing Dance \_\_\_\_\_  
FROM UNTIL

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(INDIVIDUAL RESPONSIBLE) LAST FIRST MI

Address \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Daytime Phone ( ) \_\_\_\_\_

Number Expected \_\_\_\_\_ Serving Alcohol? ☐ Yes ☐ No Security hired? ☐ Yes ☐ No

Under the provisions of Chapter 150 PUBLIC DANCES of the Village Code, I hereby apply for a Public Dance Permit for a dance to be held at the above described premises, at the date and time indicated, and understand that failing to complete this application in its entirety or providing false information may result in denial of this permit.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**Recommendation for Approval by Police Chief** \_\_\_\_\_ **Date** \_\_\_\_\_

Receipt# \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ P.D. Notified \_\_\_\_\_ F.D. Notified \_\_\_\_\_

Contract for Deputy Services faxed to Winnebago County Sheriff (920) 236-7302. Date: \_\_\_\_\_