

THE CITY OF DALTON

2021 DANCE HALL LICENSE APPLICATION

Note: Application Must Be Typed Or Legibly Printed

TYPE LICENSE APPLIED FOR (CHECK ALL THAT APPLIES TO BUSINESS)

- New Application
- Renewal Application
- Change In Existing License(s)
 - Manager
 - Name
 - Owner
 - Location

- Dance Hall
- Dance Hall – Minors Exclusively

- Zone District of Business _____
Building Can Not Be Located In Any Geographical Location Of The City Zoned Residential.
- Date Application Filed _____
Building Must Be Complete At The Time The Application Is Filed
- Leasing Building For Event Yes No

CATEGORY OF BUSINESS OWNERSHIP

- | | |
|--|---|
| <input type="checkbox"/> Individual or Proprietorship | <input type="checkbox"/> Partnership or Limited Partnership |
| <input type="checkbox"/> Domestic Corporation (Inside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.) (Inside Georgia) |
| <input type="checkbox"/> Foreign Corporation (Outside Georgia) | <input type="checkbox"/> Limited Liability Company (L.L.C.) (Outside Georgia) |

NAME OF BUSINESS, ADDRESS, AND TELEPHONE APPLYING FOR LICENSE:

<i>If Business Is Not Incorporated List Individual Owner(s) Name</i>		
NAME OF BUSINESS OWNER:		
<i>List Trade Name of the Business</i>		
D/B/A:		
OPERATOR/LESSEE OF BUSINESS:		
LOCAL BUSINESS ADDRESS:		
MAILING ADDRESS:		
EMAIL ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS TELEPHONE:	FAX NUMBER:	
FEDERAL IDENTIFICATION NUMBER:	STATE IDENTIFICATION NUMBER:	
SALES TAX NUMBER:		
<u>IF FOR A SPECIFIC EVENT- ONLY</u>		
If You Are Leasing A Non-Residential Building To Hold a Specific Event Please Answering The Following Questions:		
DATE OF SPECIFIC EVENT ____ - ____ -20__ TIME OF EVENT : Event Starting _____ Event Ending _____		

OPERATOR OF DANCE HALL

SECTION I

APPLICANT/DESIGNATED AGENT'S RELATIONSHIP TO BUSINESS

Please Check the Appropriate Box

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

- INDIVIDUAL OWNER PARTNER LARGEST STOCKHOLDER/MEMBER AFFILIATE OF BUSINESS OTHER

LIST THE NAME, ADDRESS, CITY STATE, ZIP AND TELEPHONE NUMBER FOR DESIGNATED AGENT

OPERATOR'S FULL NAME:

(Last)

(First)

(Middle)

COMPLETE ADDRESS:

(Street Address)

(City)

(State)

(Zip)

(Home Telephone Number)

CITIZENSHIP OF APPLICANT/DESIGNATED AGENT

Please Check the Appropriate Box

- A. ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?
- B. ARE YOU A RESIDENT OF THE CITY LIMITS OF DALTON? YES NO
- C. ARE YOU A RESIDENT OF THE WHITFIELD COUNTY? YES NO

SIGNATURE OF OPERATOR

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Operator, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Operator's SIGNATURE

OWNERSHIP (INDIVIDUAL-PARTNERSHIP-LARGEST STOCKHOLDER/MEMBER)

Section II

PLEASE LIST BELOW THE NAME, ADDRESS, CITY, STATE, ZIP AND TELEPHONE NUMBER FOR ONE OF THE FOLLOWING CATEGORY'S

- ⇒ The Name Of The Individual Owner – If Not Identified On Page 2; or
- ⇒ List All Partners In A Partnership Excluding Partner If Identified On Page 2; or
- ⇒ List The Principal Stockholder Or Member – If Not Identified On Page 2 or

If largest stockholder/member IS NOT an individual, proceed to the next question

(1) **IS INDIVIDUAL OWNER - PARTNER - PRINCIPAL STOCKHOLDER/MEMBER IDENTIFIED ON PAGE 2**
YES **NO**

(2) **CHECK THE APPROPRIATE BOX FOR OWNERSHIP**
 INDIVIDUAL OWNER **PARTNER** **PRINCIPAL STOCKHOLDER/MEMBER**

(3) **LIST NAME OF INDIVIDUAL – PARTNER – PRINCIPAL STOCKHOLDER/MEMBER BELOW:**

(Last)

(First)

(Middle)

COMPLETE ADDRESS: _____
(Street Address)

(City)

(State)

(Zip)

(Home Telephone Number)

Section III

FOREIGN CORPORATIONS/LLC – ONLY

If This Entity Is Organized Outside The State Of Georgia, Please State The Name And Address Of Its Registered Agent In Georgia In The Space Provided.

REGISTERED AGENT NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Section IV

SALE OR TRANSFER OF INTEREST OF BUSINESS

HAS THERE BEEN ANY SALE OR TRANSFER OF INTEREST IN THE ABOVE NAMED BUSINESS APPLYING FOR LICENSE TO ANY UNREGISTERED PERSON IN THE PRECEDING 12 MONTHS? YES, NO,

- IF YES,
- A. GIVE NAME _____
 - B. DATE OF SALE/TRANSFER _____
 - C. TO WHOM WAS BUSINESS TRANSFERRED _____
 - D. WHAT PERCENT WAS TRANSFERRED _____
 - E. REASON FOR TRANSFER _____

**SECURITY PERSONNEL
OF
DANCE HALL ESTABLISHMENT**

Please List All Security Personnel.

A Security Employee Must Be Present While A Dance Is Taking Place. There Must Be Two (2) Security Employees Required At All Times For Each 100 Persons. There Must Be Two (2) Security Employees Required At All Times If Alcohol Is Being Served Or Allowed. For Minor's Exclusively, Please Refer To Section 12-132

Security Personnel Must Wear Clothing While On Duty Which Clearly Identifies Them As Security.

SECURITY PERSONNEL INFORMATION

Security Personnel Name _____

Home Address _____

City/State/Zip _____

Phone _____

IF ADDITIONAL SECURITY PERSONNEL - LIST HERE

Security Personnel Name _____

Home Address _____

City/State/Zip _____

Phone _____

IF ADDITIONAL SECURITY PERSONNEL - LIST HERE

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Home Address _____

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Phone _____

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City/State/Zip _____

Phone _____

**CITY OF DALTON APPROVAL
BUILDING INSPECTOR / FIRE MARSHALL**

Approval Of The Building Or Structure In Which The Dance Hall Is Located Shall Meet All Applicable Building, Electrical, Plumbing, Sanitary, And Fire Codes, Statutes, And Regulations Of Both The City And The State.

The Above Location Was Inspected By The Building Inspector's Office,

Has Been Found Compliant With The Applicable Building Codes

Has NOT Been Found Compliant With The Applicable Building Codes

The Above Location Was Inspected By The Fire Safety Division,

Has Been Found Compliant With The Applicable Fire Codes

Has NOT Been Found Compliant With The Applicable Fire Codes

Building Inspector

Fire Inspector

**2021 CONSENT FORM
CITY OF DALTON, GEORGIA
DANCE HALL LICENSE APPLICATION**

I HEREBY AUTHORIZE THE CITY OF DALTON, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

INDIVIDUAL OWNER
 PARTNER

PRINCIPAL STOCKHOLDER/MEMBER
 DESIGNATED AGENT

MANAGER
 SECURITY

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

SIGNATURE

DATE

NOTARY _____ DATE _____

⇒ **NOTE**
OPERATOR, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, LESSEE, MANAGERS AND ALL SECURITY PERSONNEL MUST COMPLETE THIS FORM.

No Operator (or stockholder, member or partner, if the owner or lessee is other than an individual) or security employee or contractor of the operator of a Dance Hall shall have been convicted of any felony or crime of moral turpitude within a period of ten (10) years prior to the date of application.

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**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
APPLICATION
CITY OF DALTON, GEORGIA**

Business Name _____

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit (Circle One) For

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) ___ I Am A United States Citizen

Or

2) ___ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am An Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.*

In Making The Above Representation Under Oath, I Understand That Any Person Who Knowingly And Willfully Makes A False, Fictitious, Or Fraudulent Statement Or Representation In An Affidavit Shall Be Guilty Of A Violation Of Code Section 16-10-20 Of The Official Code Of Georgia.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

Signature Of Applicant

Date

Printed Name

*Alien Registration Number For Non-Citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Date of Birth

Notary Public

My Commission Expires: _____

*Note: O.C.G. A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

Please Check One:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or less employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 20__ in _____(city), _____(state).

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:
