

**CITY OF SOUTH HOUSTON**

**DANCEHALL APPLICATION**

**ORD. #97-0280**

Applicant's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Applicant's home phone: (\_\_\_\_) \_\_\_\_\_ work phone: (\_\_\_\_) \_\_\_\_\_

SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Has applicant ever been convicted of a Felony crime or a crime involving moral turpitude?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Applicant must submit a criminal history request (fingerprint card) through the Texas Department of Public Safety and the processed fingerprint card must accompany this application.

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

Business Address: \_\_\_\_\_ City: South Houston

Please check: \_\_\_\_\_ Class A Nightclub  
\_\_\_\_\_ Class B Dance Hall  
\_\_\_\_\_ Class C Private Dance

Patron capacity: \_\_\_\_\_ # parking spaces: \_\_\_\_\_ Bldg. Square footage: \_\_\_\_\_

Dance floor square footage: \_\_\_\_\_ Properly marked: Yes: \_\_\_\_ No: \_\_\_\_

Name of person(s) in control of premises during business hours:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL#: \_\_\_\_\_ St: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Add additional pages if needed.

If a Corporation, is it chartered under the laws of the State of Texas?

Yes: \_\_\_\_ No: \_\_\_\_ If yes, attach a list with name, addresses, DOB, titles and SS# of the officers of the corporation.

If a partnership, attach a list of the names, addresses, DOB, titles and SS# of each partner.

If an assumed name is used, a copy of the Harris County Assumed Named Certificate must be attached.

I have obtained and read a copy of the ordinance governing this permit and agree to abide by all its statutes and I certify that all the information that I have given on this application is true and correct.

\_\_\_\_\_  
Applicant's signature

Sworn to and Subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public In And For  
State of Texas

**For Departmental Use Only**

Non-refundable Administrative Fee: \$ \_\_\_\_\_

# of days permitted X \$5.00 or \$25.00 = \$ \_\_\_\_\_

Annual permit fee: \$ \_\_\_\_\_

\_\_\_\_\_  
Chief of Police      Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Mayor      Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
City Secretary      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit expires the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.