CITY OF ARCATA DANCE PERMIT



Applicant please complete the following information:

Issued to (Title of Organization):			
Person in Charge of Event:			
Address:	Email:		
Phone Number(s): Work:	Cell:	Home:	
Location of Dance:			
Name of Band, DJ or Orchestra:			
Date & Time of Dance:		Time music will end?	
Estimated number of attendance:	Type of Da	nce:	
		ated attendance , a diagram of the facility	
	up will be required for Fire Ma 2 □ Vos □ No	arshall review and approval.	
Will alcoholic beverages be served/sold' If <u>YES</u> , what security measures will be ta		hoverage controls?	
ii <u>125</u> , what <u>security measures</u> will be to	andii to eiiioice aiconoi	beverage controls?	
I hereby agree to comply with all City an	d State laws		
Signature:			
Signature:	Date:		
Signature: Title: Police Department to complete the follow	Date: ving:		
Signature:	Date: ving:		
Signature: Title: Police Department to complete the follow Comments:	Date: ving:		
Signature: Title: Police Department to complete the follow Comments: Recommendation: (Please check one)	ving: Approved	Not Approved □	
Signature: Title: Police Department to complete the follow Comments:	ving: Approved	Not Approved □	
Signature: Title: Police Department to complete the follow Comments: Recommendation: (Please check one) Chief of Police or designee Signature:	ving: Approved	Not Approved Date:	
Signature: Title: Police Department to complete the follow Comments: Recommendation: (Please check one) Chief of Police or designee Signature: Fire Department to complete the followin	ving: Approved	Not Approved Date:	
Signature: Title: Police Department to complete the follow Comments: Recommendation: (Please check one) Chief of Police or designee Signature: Fire Department to complete the followin Diagram Received: Yes No	ving: Approved ag if event is larger than	Not Approved Date:	
Signature: Title: Police Department to complete the follow Comments: Recommendation: (Please check one) Chief of Police or designee Signature: Fire Department to complete the followin	ving: Approved ag if event is larger than	Not Approved Date:	
Signature: Title: Police Department to complete the follow Comments: Recommendation: (Please check one) Chief of Police or designee Signature: Fire Department to complete the followin Diagram Received: Yes No	ving: Approved ag if event is larger than	Not Approved Date:	

Approved amplified music hours for City facilities:

Music at the Arcata Community Center must end by MIDNIGHT.

Music at the D Street Neighborhood Center must end by 10PM ON FRI- SAT, 9PM ON SUNDAY, AND IS PROHIBITED MON-THURS.

No amplified music allowed at the Redwood Lodge, Lounge or the Arcata Marsh.

All doors and windows must be kept close during those periods when amplified music is played.

THIS PERMIT SHOULD BE POSTED IN A CONSPICUOUS PLACE.

This permit is issued in accordance with the provisions of the Arcata Municipal Code, Sections 4050 through 4052.