

# THE CITY OF DALTON

## 2020 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 If 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:  |                              |      |
| <b><u>IF FOR A SPECIFIC EVENT- ONLY</u></b>  |                              |      |
| 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**

Security Personnel Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**IF ADDITIONAL SECURITY PERSONNEL - LIST HERE**

Security Personnel Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

**2020 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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 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 \_\_\_\_\_

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 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 \_\_\_\_\_

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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:  
\_\_\_\_\_