

Dance Permit Application Instructions

Applications filed with the Lexington-Fayette Urban County Government Alcoholic Beverage Control Office **MUST BE COMPLETE.**

The LFUCG ABC office requires all permit fees to be paid prior to the submission of an application. The *Payment Form* is available at our website www.lexingtonky.gov/abc.

The fee for a Dance Permit is \$200. Submit the *Payment Form* along with a certified check, cashiers check or money order made payable to LFUCG to the Division of Revenue office located at 200 East Main Street (second floor) Lexington, KY 40507.

How to Apply

- Step 1** Submit payment to LFUCG Division of Revenue.
- Step 2** Complete all applicable portions of this *Dance Permit Application*.
- Step 3** Obtain signatures on the Dance Permit Inspection Forms.
- | | |
|---|---|
| Fire Prevention Bureau
219 E Third St
Phone: (859) 231-5668 | Division of Building Inspection
Phoenix Building – 101 East Vine St
Phone: (859) 258-3770 |
|---|---|
- Step 4** Submit *Dance Permit Application* and the *Payment Form* (indicating the license fees have been paid) to The LFUCG Alcoholic Beverage Control Office 1020 Industry Rd, Ste 40, Lexington, KY 40507.

Faxed and emailed forms WILL NOT be accepted.

Please allow 2 to 4 weeks for processing.

Dance Permit Application

Applicant Name (s) or Company to be licensed: _____
Business Name (DBA): _____
Premises Address _____
Contact Person: _____
Contact #: _____
Email address: _____

1. If the applicant is a corporation, limited liability corporation, company or partnership, list the name and ownership interest of each person or entity having an interest of ten percent (10%) or more in the business:

2. Is the applicant a non-profit religious, charitable, benevolent, fraternal or social organization recognized by the IRS as exempt from federal taxation? Yes No
If yes, attach documents supporting such status.

3. Is the applicant a hotel that rents its facilities for private dances and does not promote dances for a profit?(other than a fee charged to organizations or individuals to conduct private dances)
Yes No

4. Location of premises where dancing is to occur:

5. Is the building presently occupied? Yes No
If yes, list occupant.

6. What is the maximum occupancy limit for the premises? _____

7. List the current use (for example restaurant or nightclub) and zoning of the premises:

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
ALCOHOLIC BEVERAGE CONTROL
1020 INDUSTRY RD, STE 40, LEXINGTON, KY 40505
(859) 280-8486 www.lexingtonky.gov/abc email: abc@lexingtonpolice.ky.gov

8. List the license number and type of each State ABC and LFUCG ABC license issued for the premises or list the types of licenses for which an application is pending.

9. List all assumed names by which the premises is known or under which the business located on the premises is operated:

10. Specify the floor space area, including square feet, to be used for dancing:_____
11. Attach a detailed diagram of the premises identifying the proposed dance area.
12. Are there any criminal or administrative charges pending against the applicant or its employees for violations of state or local ABC statutes, ordinances or regulations?
Yes No If yes, provide case numbers and names of defendants:

13. Are there any charges or cases (civil, criminal, or administrative) pending against the applicant in which it is alleged that the applicant has allowed the business for which a permit is sought to operate in a manner that constitutes a nuisance? Yes No If yes, provide the case number and identify the court or administrative body where the case is pending:

The undersigned hereby certifies that he or she is the applicant, or is duly authorized to execute this application for the applicant, and that the contents to the application and all attachments are true and correct to the best of his or her knowledge and belief, as of this ____ day of _____, 20____.

Sign:_____

Print:_____

Title:_____

Sworn and affirmed before me on this ____ day of _____, year of _____.

My Commission expires_____

Notary Public _____ County of _____ State of _____

Notary ID#_____

Dance Permit Inspection Form

Applicant name (s) or Company to be licensed: _____

Business Name (DBA): _____

Premises Address _____

Contact Person: _____

Contact #: _____

This section is to be completed by Division of Building Inspection

1. Is the building presently occupied? Yes No If yes, what is the current use?

 2. What is the current zoning for the premises? _____
 3. _____ square feet of floor space is to be used for dancing. A detailed diagram of the licensed premises identifying the proposed dance area was reviewed? Yes No
 4. Is dancing permitted in this zone? Yes No
 - a. If not, is dancing allowed at this location by virtue of non-conforming use or other exceptions to the zoning ordinance or regulations? Yes No
 5. Is the current use allowed by the zoning ordinance or regulations? Yes No
 6. Are all structures on the premises in conformity with applicable ordinances and codes enforced by the Division of Building Inspection? Yes No
 7. If the structures are not in conformity, list (or attach a list of) all violations:

- Date: _____ Inspector: _____

Dance Permit Inspection Form

Applicant name (s) or Company to be licensed: _____
Business Name (DBA): _____
Premises Address _____
Contact Person: _____
Contact #: _____

This section is to be completed by Fire Prevention Bureau

1. Is the building presently occupied? Yes No If yes, what is the current use?

2. _____ square feet of floor space is to be used for dancing. A detailed diagram of the licensed premises identifying the proposed dance area was reviewed? Yes No
3. Are all structures on the premises in conformity with applicable fire prevention ordinances, codes and statutes enforced by the Fire Prevention Bureau, including the standards of safety and code of ordinances Chapter 9? Yes No
4. If the structures are not in conformity, list (or attach a list of) all violations:

5. What is the current maximum occupancy limit for the premises? _____
6. Is the premises reasonably and adequately lighted? Yes No If not, can additional lighting be installed? Yes No If yes, in what areas of the premises?

Date: _____ Inspector: _____

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FEE PAYMENT FORM

Please submit this form along with a **certified check, cashier's check, or money order** payable to LFUCG to the Division of Revenue Office at 200 East Main St., 2nd Floor - Government Center, Lexington, KY 40507. **If you hand deliver this form, you will also have the option to pay in cash.**

Name of Licensee or Company: _____

Business Name (DBA): _____

Premises Address: _____

Total Fees: \$ _____

Leave Blank- For Revenue Use Only

Date: _____

Account #: _____
(Not applicable on Special Temporary licenses)

Amount collected: \$ _____

Operator: _____