



CITY OF NORTHGLENN Non-Alcoholic Dance Club License Application

1. Name of Establishment: _____
2. Sole Ownership Partnership Corporation
3. Location: _____
4. Business Phone: _____
5. Full Name of Applicant: _____
6. Address: _____
7. Height: Weight: Hair Color: Eye Color:
8. Date of Birth: Place of Birth:
9. List the Cities and Towns in Colorado and elsewhere in which you have had a non-alcoholic dance club: _____

10. List all the addresses where you have lived for the last five years:

| | | |
|---------------|------------------|---------|
| street number | city, state, zip | from/to |
| street number | city, state, zip | from/to |
| street number | city, state, zip | from/to |
11. Have you ever been convicted of a crime, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for any offense in criminal or military court, or been convicted of a felony? Yes No
If yes, explain in detail. Attach a separate sheet if necessary. _____

12. Maximum Occupancy of Establishment: _____
13. Hours of Operation: _____

State of Colorado)
County of _____)

I understand that a false answer to any of the foregoing questions can subject the application to denial or a license to revocation. I certify that all of the information in this application is true and correct to the best of my knowledge.

Signature of Applicant

Subscribed and sworn to before me this ____ day of _____, 20__.

My Commission Expires: _____
Notary Public