

City of Brainerd  
Public Dance License Application

**If street closure is sought, please consult the Engineering Department**

I, \_\_\_\_\_, hereby make application to the City of Brainerd, Minnesota, for a license to hold a public dance, pursuant to Brainerd City Code Section 1105.00 and in support of this application, make the following representations:

1. Name of Applicant \_\_\_\_\_
2. Previous Last Names (if applicable)  
\_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Committee or Organization \_\_\_\_\_
5. Address \_\_\_\_\_
6. Applicant Contact Phone Number  
\_\_\_\_\_
7. Place, date and time where holding event \_\_\_\_\_  
\_\_\_\_\_

Applicant represents that in the event said license is granted, he/she will comply with all provisions of the Brainerd City Code.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Fire Chief Signature Date

\$20 license fee

Office Use:  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Council Approval: \_\_\_\_\_  
License No.: \_\_\_\_\_



# CITY OF BRAINERD

## AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

### Please complete the following information:

Full Name (please print): \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: \_\_\_\_\_

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

Previous Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ personally appeared before me to be the signer of  
Date Full Legal Name of Applicant

this document.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

(SEAL)