



AUG/2022

# REGULATORY BUSINESS LICENSE APPLICATION DANCE

Email application to: [businesslicenses@auburnwa.gov](mailto:businesslicenses@auburnwa.gov)

**PLEASE RETURN TO:**  
Planning and Development  
25 West Main Street  
Auburn, WA 98001  
Phone: (253) 804-5011  
Fax: (253) 804-3114

## APPLICATION FOR DANCE regulatory LICENSE

City of Auburn regulatory license requirements can be found at Auburn City Code ACC 5.20.

### CHECKLIST/REQUIREMENTS:

Security Attendant Yes ☐ No ☐  
Floor Manager Yes ☐ No ☐

### SECURITY ATTENDANT:

Required by Chief of Police to maintain good order in each dance.

FLOOR MANAGER: ½ hour before dance begins to closing.

### DANCE BUSINESS INFORMATION:

Name:

Address:

City:

State:

Zip:

Telephone:

### APPLICANT'S INFORMATION:

Name:

Address:

City:

State:

Zip:

Telephone:

Maiden Name:

Alias/Previous Name:

Drivers License No.:

Eye Color:

Hair Color:

Sex: M ☐ F ☐

HT:

WT:

Social Security No.:

Date of Birth:

Place of Birth:

U.S. Citizen: Yes ☐ No ☐ If no, please indicate status:

Previous Home Address Past (5) years:

1.

2.

Previous Employment Past (5) years:

1.

2.

STATE OF WASHINGTON

COUNTY OF KING

I, \_\_\_\_\_, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn a DANCE individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, \_\_\_\_\_, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

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

Subscribed and sworn before me this \_\_\_\_ date of \_\_\_\_\_,  
20\_\_\_\_, Notary Public in and for the State of Washington, residing  
at \_\_\_\_\_. My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature: \_\_\_\_\_

### FEE:

The annual adopted Auburn business license and permit/application fees can be found here: [Auburn fee schedule](#)