

## Dance Permit Application Instructions

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

LFUCG ABC office requires all permit fees to be paid prior to the submission of an application. A *Payment Form* is available at our website [www.lexingtonky.gov/abc](http://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 Division of Revenue Office 200 East Main St. 2<sup>nd</sup> Floor Lexington, KY 40507.

### How to Apply

- Step 1**            Submit payment to LFUCG Division of Revenue.
- Step 2**            Complete all applicable portions of the *Dance Permit Application*.
- Step 3**            Obtain signatures on the Dance Permit Inspections Forms.  
Fire Prevention Bureau    Division of Building Inspection  
219 E Third Street            Phoenix Building 101 East Vine St 2<sup>nd</sup> Floor  
(859)231-5668                (859)258-3770
- Step 4**            Submit *Dance Permit Application* and the *Payment Form* (indicating the license fees have been paid” to the LFUCG ABC Office located at 150 East Main Street, Lexington, KY 40507

**Fax and Email 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  
150 EAST MAIN ST, LEXINGTON, KY 40507  
(859) 258-3796 [www.lexingtonky.gov/abc](http://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 #: _____

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#### This section is to be completed by Division Building Inspection

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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 or 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 #: _____

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#### This section is to be completed by Fire Prevention Bureau

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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 payment form along with a certified check, cashiers check or money order to the LFUCG Division of Revenue Office 200 East Main St. 2<sup>nd</sup> Floor - Government Center Lexington, KY 40507. Payments should be made payable to LFUCG.

Name of Licensee or Company: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Premises Address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

*Leave Blank- For Revenue Use Only*

Date: \_\_\_\_\_

Account #: \_\_\_\_\_  
(Not applicable on Special Temporary Licenses)

Amount collected: \$ \_\_\_\_\_

Operator: \_\_\_\_\_

Return this form to the LFUCG ABC office after submitting fees.