Dance Hall
License Application Addendum
City of Wyoming

Business Name _____

Business Owner Name_____
First Middle Last

Business Owner Date of Birth_____
Month Day Year

Description of Building _____

_____

Sanitary Facilities _____

_____

Ventilation _____

_____

Number and Location of Entrances and Exits _____

_____

Type of Operation _____

_____

Proposed Modifications or Changes to be made in the Building _____

_____

_____

Office Use Only

Approvals

Building Inspector
Chief of Police
Fire Chief
City Clerk

Requirements: Photocopy of Driver's License w/Current Address
Home/Cell Number