



City of Bridgeton
Municipal Clerk office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

DANCE LICENSE APPLICATION

(Nonrefundable fee of \$10.00 per day or) (\$50.00 per year due at time of application)

Name of person making application _____

Address: _____ Phone: _____

Date of Birth _____ SS# _____

Statement as to whether the applicant has been arrested for any offense or crime or the violation of any Municipal Ordinance other than traffic offenses, date and place of conviction, nature of offense and punishment. _____

Character References, Name, Address and Telephone Number

1. _____

2. _____

Have you ever applied for a dance license in the past? Yes No

If yes, when? _____

Name of organization requesting license _____

Address _____ Phone _____

Person in charge of organization _____

Place where dance is to be held _____

By my signature below, I swear the above information is true and correct.

Signature: _____ Date: _____

Please note: Security person is required at each dance. Applicant must abide by noise ordinance

RELEASE AUTHORIZATION

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of Bridgeton. As a result an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature

Print Name

Address

Date

DOB

SS#



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Witness

Date

Office use only

Report of Investigating Officer:

Applicant Approved: Yes No

Signature of Investigating Officer: _____ Date: _____

License Issued Date: _____

Clerk's Comments: _____

Completed: _____