

**City of Toledo – License Bureau
One Government Center, Suite 2000
Toledo, Ohio 43604
(419) 245-1651**

**TMC 725
CODE 6615**

**Application
Dance Academy/Studio License**

Lic. No. _____
Date Issue _____
For Year _____
Application No. _____
Fee: \$100.00

Name of Applicant _____ Home Phone _____

Home Address _____ Date of Birth _____

Name of Business _____ Business Phone _____

Location of Business – Address _____

Is business Individual, Partnership, Club, Society or Corporation? _____

Names and Address of all partners and/or officers:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

State of Organization _____

Name of Manager/Person in charge of business _____ DOB _____

Address of Manager _____ Phone Number _____

Has applicant / manager / person in charge ever been engaged in operating a Dance Academy /

Studio? _____ When? _____

Where? _____ How long? _____

Name and Home Address of owner of building:

Name _____ Home Address _____

Zoning Classification: _____

Date _____

Signature of Applicant

All applications require that inspections be made of the premises by various City Departments. Indicate a day of week and time, Monday thru Friday, 9am to 4pm when someone is on the premises so inspections can be made. Time will be confirmed by inspecting departments.

Disapproved _____
Approved _____
Commissioner-Health

Disapproved _____
Approved _____
Fire Prevention

Disapproved _____
Approved _____
Commissioner-Treasury

Disapproved _____
Approved _____
Commissioner - Inspection