



OFFICE USE ONLY
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**TOWN OF DARRINGTON**

1005 Cascade St. PO Box 397  
 Darrington, WA 98241  
 360-436-1131 darrcityhall@frontier.com

**DANCE PERMIT FORM**

Name of Applicant/Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

On-Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**EVENT INFORMATION**

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Town Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>PAYMENT</u></b>
CASH CHECK CREDIT/DEBIT
DATE PAID: _____