

City of

HUNTINGTON PARK, CALIFORNIA

FINANCE DEPARTMENT

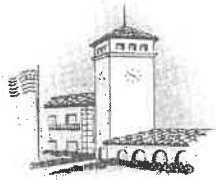
6550 MILES AVE

HUNTINGTON PARK, CA 90255

TEL: (323) 584-6232

DANCE & ENTERTAINMENT CHECKLIST

- COMPLETED APPLICATION
- VALID ALCOHOL & BEVERAGE CONTROL PERMIT WITH CONDITIONS
- COMPLETED LIVESCAN
- VALID CALIFORNIA ID
- CURRENT BUSINESS LICENSE
- SELLERS PERMIT
- HEALTH PERMIT



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APPLICATION FOR DANCE &/OR ENTERTAINMENT PERMIT

() NEW APPLICATION \$756.89() RENEWAL APPLICATION \$401.00

Instructions to the Applicant(s):
1. Application must be filled out completely and accurately.
2. Use additional sheets, if necessary, to furnish the information requested in this application.
3. Additional information must be furnished to the Police Chief, Building Official and the Fire Department, upon request, for purpose of the investigation.

The undersigned hereby applies to the City of Huntington Park for a permit to maintain, conduct and operate entertainment which would include but not be limited to: a (live show), (play), (performance), (revue), (pantomime), (musical show), (comedy), (video feed), (sporting event- live or video), (dance act), (piano bar), (trio), (combo), or (song and dance act), participated in by one or more persons and to maintain, conduct and operate (public dance hall), (dance club), (public dance), in conjunction with the entertainment designated in this paragraph.

The following information is furnished in accordance with the requirements of the Huntington Park Municipal Code:

1. **Business/Firm Name:** _____

2. **DBA Name:** _____

3. **Business Address:** _____

4. **Business Phone Number:** _____

5. **Business Description:** _____

A. Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Adult Oriented Dancing and or Entertainment | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar | |

6. Federal ID Number: _____ State ID Number: _____

7. APPLICANT(S)/OWNER(S) IDENTIFICATION INFORMATION:

() Sole Proprietorship () Partnership () Corporation Articles of Incorporation # _____

A. Owner#1 (Applicant) Name: _____

B. Owner#1 (Applicant) Home Address: _____

C. Owner (Applicant) Home Phone Number: _____

D. Owner (Applicant) Cell Phone Number: _____

E. Driver's License/ID Number: _____ State: _____ Expiration Date: _____ Marital Status: _____

Social Security Number: _____ Sex: () Male () Female Birth date: _____ Age: _____

Weight _____ Height _____ Hair Color: _____ Eye Color: _____ Birthplace: _____

F. Are You a United States Citizen? () YES () NO Alien Registration Number: _____

G. Owner#2 Name: _____

H. Owner#2 Home Address: _____

I. Owner#2 Home Phone Number: _____

J. Owner#2 Cell Phone Number: _____

K. Driver's License/ID Number: _____ State: _____ Expiration Date: _____ Marital Status: _____

Social Security Number: _____ Sex: () Male () Female Birth date: _____ Age: _____

Weight _____ Height _____ Hair Color: _____ Eye Color: _____ Birthplace: _____

L. Are You a United States Citizen? () YES () NO Alien Registration Number: _____

***** PLEASE LIST ANY ADDITIONAL OWNERS ON A SEPARATE SHEET OF PAPER*****

8. INFORMATION OF THE MANAGER(S)/SUPERVISOR(S)/PERSON(S) IN CHARGE OF THE PREMISES WHERE ENTERTAINMENT AND DANCING IS PROPOSED TO BE CONDUCTED;

A. Name: _____ Title: _____

B. Home Address: _____

C. Home Phone Number: _____

D. Cell Phone Number: _____

E. Driver's License Number/ID Number: _____ State: _____ Expiration Date: _____

F. Birth Date: _____ Age: _____ Sex: () Male () Female

9. EXACT NATURE OR TYPE(S) OF BUSINESS(ES), AT THE PLACE WHERE THE PROPOSED ENTERTAINMENT & DANCING IS TO BE CONDUCTED:

10. PARTICULAR ROOM NAME OR ROOM NUMBER: _____

11. SQUARE FOOTAGE OF THE DANCE FLOOR: _____

12. SQUARE FOOTAGE OF THE STAGE: _____

13. SEATING CAPACITY FOR THE SERVICE OF MEALS: _____

14. MAXIMUM OCCUPANCY PERMITTED: _____

15. MAXIMUM NUMBER OF PEOPLE EXPECTED AT ANY EVENT: _____

16. THE NAME USED BY AND THE EXACT NATURE OR TYPE OF PROPOSED ENTERTAINMENT FOR WHICH A PERMIT IS REQUESTED. THE DAYS OF THE WEEK IT IS TO BE CONDUCTED, THE TIME IT IS PROPOSED TO START AND END EACH DAY, AND THE TYPE OF DRESS OR COSTUME TO BE WORN BY THE ENTERTAINERS:

A. Professional Business Name: _____

B. Exact nature or type of entertainment (describe in detail): _____

C. Exact nature of dance (describe in detail): _____

D. The days of the week entertainment and/or dancing is proposed to be conducted: _____

E. Exact time entertainment and/or dancing is proposed to start and end each day: _____

F. Exact type of dress or costume entertainers are proposed to wear (describe in detail): _____

G. Is Alcohol proposed to be served/sold at location? () NO () YES

Alcohol and Beverage Control Permit # _____ () GENERAL LIQUOR () BEER AND WINE

H. Will an admission fee be charged for entrance? () No () YES, Explain in detail _____

I. If Entertainers will be provided, will they ever receive money from patrons? () No () Yes, Describe in detail _____

J. Do you have a Karaoke machine? _____

17. HAS THE APPLICANT OR ANY PERSON NAMED IN THIS APPLICATION HAD A PERMIT FOR THE SAME OR ANY SIMILAR TYPE OF BUSINESS SUSPENDED OR REVOKED ANYWHERE, IF SO PLEASE EXPLAIN THE CIRCUMSTANCES OF SUCH SUSPENSION OR REVOCATION. THE SUSPENSION OR CANCELLATION OF A LIQUOR LICENSE SHALL BE INCLUDED IN THIS SECTION.

18. HAVE YOU, ANY OFFICER, DIRECTOR, OR MEMBER OF THE FIRM, ASSOCIATION OR CORPORATION APPLYING FOR THIS PERMIT, AS THE CASE MAY BE, BEEN ARRESTED OR CONVICTED IN ANY COURT FOR CRIME SET FORTH IN SUBSECTION (b) OF SECTION 3-1.1307 OF THE HUNTINGTON PARK MUNICIPAL CODE? (A copy of which is attached hereto.) PLEASE INDICATE BELOW THE DATE(S), LOCATION(S), WHERE ARRESTED, CHARGE(S), SENTENCE(S) OR FINE(S) AND WHERE CONFINED:

19. THE SECURITY COMPANY USED FOR DANCE AND ENTERTAINMENT EVENTS:

A. Name of Security Company: _____

B. Address of Security Company: _____

C. Phone Number of Security Company _____

D. Number of Security Guards present during each event: _____

E. Days of the week in which Security Guards are present: _____

F. Hours in which Security Guards are present: _____

18. TO BE COMPLETED BY PROPERTY OWNER:

The undersigned certifies that he is the owner, person, firm or corporation in lawful ownership of the property located at:

_____ and hereby gives consent to the application of the tenant for a dance and/or entertainment permit in accordance with the provisions of Section 3-1.1305.e, of the Municipal Code of the City of Huntington Park.

Name of Property Owner: _____ Title: _____

Home Address of Property Owner: _____

Business Address of Property Owner: _____

Phone Number of Property Owner: _____

Signature of Property Owner: _____ Date: _____

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I/We understand and agree to abide by all the Dance & Entertainment Permit regulations of the City of Huntington Park Municipal Code and any other conditions imposed for the Dance & Entertainment Permit requested. I/We certify that all statements made on this application are true and complete. I/We understand that any false statement may result in denial of the requested permit or revocation of any permit.

Applicant #1

Applicant #2

Executed this _____ day of _____ at _____

Executed this _____ day of _____ at _____

Signature: _____

Signature: _____

Title: _____

Title: _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FOR OFFICE USE ONLY

Complete application Received by: _____ Title: _____

Complete application Received Date: _____ Receipt # _____

Customer # _____ License# _____

Expiration Date: _____ Renew by date: _____

- Property Owner Approval
- Police Department Approval
- Community Development Approval
- Fire Department Approval
- Completed Application
- Valid Alcohol & Beverage Control Permit with Conditions
- Completed Livescan
- Current Business License

Date Submitted for City council Approval: _____ Submitted by: _____

Date Approved By City council: _____

*****ATTENTION ALL DEPARTMENTS PAGE 2 IS NOT APART OF THIS APPLICATION *****

This Application has been referred to all checked departments:

() Community Development Department Date Routed: _____ Response Required By: _____

Comments: _____

() Approved () Denied (explain above) () Requires Planning Commission Approval () CUP # _____

() Approved with conditions _____

Date Signed: _____ Authorized Signature: _____

Police Department

Date Routed: _____ Response Required By: _____

Comments: _____

Approved Denied

Approved with conditions _____

Date Signed: _____ Authorized Signature: _____

Fire Department

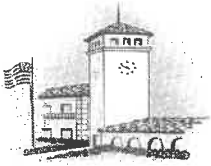
Date Routed: _____ Response Required By: _____

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