



City of

HUNTINGTON PARK

california

COMMUNITY DEVELOPMENT DEPARTMENT

6550 MILES AVENUE

HUNTINGTON PARK, CA 90255

TEL: (323) 584-6210 FAX: (323) 584-6244

DANCE AND ENTERTAINMENT PERMIT APPLICATION GUIDELINES

In accordance with Huntington Park Municipal Code Title 9 Chapter 2 Article 12 and Article 13 the following is required for a Dance and Entertainment Permit. Complete the application and all accompanying forms legibly in black or dark blue ink. Forms completed in pencil will be returned. All authorized individuals must sign and date the forms, where applicable. Incomplete applications will not be accepted. Use additional sheets if necessary.

Submittal Requirements:

- Complete Dance and Entertainment Permit Application
- Copy of Valid Identification Card
- Completed Livescan
- Copy of Active City Business License
- Copy of Active CA Seller's Permit
- Copy of Active LA County Health Department Permit
- Copy of Active Alcoholic Beverage Control License with Conditions
- Interior Floor Plan to identify:
 - Dimensions of interior floor plan, including square footage
 - Location inside the establishment where dance/ entertainment activities are proposed to take place
 - Indicate locations of all entrance and exit doors
 - Identify location of all seating throughout
 - Dance floor dimensions and type of flooring materials used
 - If a stage is proposed, give exact measurements including height, location, and materials used
- *Additional information may be requested upon formal submittal*

Required Fees:

- \$ 2,600.00 for New Dance and Entertainment Permit

How is the application processed?

The application will be reviewed by City Departments. If additional information is required, the applicant will be contacted. After the application is deemed complete, item will be scheduled for the next appropriate City Council Meeting. The applicant is responsible for routing the application to outside agencies.



CITY OF HUNTINGTON PARK
6550 Miles Avenue, Huntington Park, CA 90255
Tel. (323) 584-6210

**DANCE AND ENTERTAINMENT
PERMIT APPLICATION**

FOR OFFICE USE ONLY

Date Filed: _____ File No.: _____ Fee/Receipt No. **\$2,600** Initials: _____

THIS APPLICATION IS FOR:
A New Dance and Entertainment Permit

1. APPLICANT'S INFORMATION:

Applicant Name: _____

Applicant's relationship to the business (e.g., owner, partner): _____

Applicant's Address: _____

Phone: _____ Email: _____

2. BUSINESS OWNER'S INFORMATION

Business Owner's Name: _____

Business Owner's Home Address: _____

Phone: _____ Email: _____

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

Social Security Number: _____ Sex: _____ Birth Date: _____ Age: _____

Marital Status: _____ Weight: _____ Height: _____

Hair color: _____ Eye Color: _____ Birthplace: _____

Are you a United States Citizen? Yes No Alien Registration Number: _____

Business Owner's Name: _____

Business Owner's Home Address: _____

Phone: _____ Email: _____

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

Social Security Number: _____ Sex: _____ Birth Date: _____ Age: _____

Marital Status: _____ Weight: _____ Height: _____

Hair color: _____ Eye Color: _____ Birthplace: _____

Are you a United States Citizen? Yes No Alien Registration Number: _____

PLEASE LIST ANY ADDITIONAL OWNERS ON A SEPARATE SHEET OF PAPER

3. MANAGER/ SUPERVISOR INFORMATION

INFORMATION OF THE MANAGER(S)/ SUPERVISOR(S) IN CHARGE OF THE PREMISES WHERE DANCE AND ENTERTAINMENT IS PROPOSED TO BE CONDUCTED

Manager/ Supervisor Name: _____

Manager/ Supervisor Home Address: _____

Phone: _____ Email: _____

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

Sex: _____ Birth Date: _____ Age: _____

PLEASE LIST ANY ADDITIONAL MANAGER(S)/ SUPERVISOR(S)

ON A SEPARATE SHEET OF PAPER

4. BUSINESS INFORMATION

Name of business: _____

DBA Name: _____

City Business License Number: _____

Address of business: _____

General Location: _____

Assessor's Parcel Number (APN): _____

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Other (please explain): _____	

Number of employees at the premises: _____

Will the business operate between the hours of midnight and 6 am? YES NO

Is this a business within a business? YES NO

HOURS OF OPERATION

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open (AM/PM)							
Close (AM/PM)							

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> Adult Oriented Dancing and/ or Entertainment	<input type="checkbox"/> Nightclub
<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Bar	<input type="checkbox"/> Pool/ Billiard Hall
<input type="checkbox"/> Other (please explain): _____	

5. GENERAL OPERATING CONDITIONS

Are alcoholic beverages served or sold on the premises? YES NO

If yes, what type of license (number) do you hold? (attach a copy of the license with conditions):

If no, do you plan to file with ABC for an application: YES NO

If yes, what type of license(number)? _____

What is the size of the tenant space (in square feet): _____

Is food served or sold on the premises? YES NO

If yes, list type of food (attach copy of menu): _____

How many tables for seating? _____

Are other types of businesses conducted on the premises? YES NO

If yes, list types(s): _____

Are pool tables provided? YES NO

If yes, provide number of pool tables: _____

Will minors be allowed on the premises? YES NO

Will the premises be open to the general public? YES NO

Will an admission fee be charged? YES NO

Is there a private area for exclusive use of members and their guest only? YES NO

PLEASE PROVIDE THE DAYS AND TIMES OF THE WEEK THAT YOU WOULD LIKE TO HAVE DANCE AND/ OR ENTERTAINMENT. PLEASE FILL OUT COMPLETELY, IF YOU DO NOT INTEND TO HAVE DANCE AND/ OR ENTERTAINMENT ON A CERTAIN DAY, MARK N/A.

DANCE/ ENTERTAINMENT SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open (AM/PM)							
Close (AM/PM)							

PROPOSED ENTERTAINMENT ACTIVITIES AND SCHEDULE		
Proposed Entertainment Activity:	YES	NO
Outdoor Entertainment?	<input type="checkbox"/>	<input type="checkbox"/>
Dancing by patrons, guests, customers, participants, attendees?	<input type="checkbox"/>	<input type="checkbox"/>
Dancing by performers?	<input type="checkbox"/>	<input type="checkbox"/>
Live music by performers?	<input type="checkbox"/>	<input type="checkbox"/>
Amplified music (<i>live</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
Amplified music (<i>recorded</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Entertainment?	<input type="checkbox"/>	<input type="checkbox"/>
Disc Jockey	<input type="checkbox"/>	<input type="checkbox"/>
Karaoke	<input type="checkbox"/>	<input type="checkbox"/>
Adult Entertainment as defined by HPMC Title 5 Chapter 20	<input type="checkbox"/>	<input type="checkbox"/>
Pool / billiard hall	<input type="checkbox"/>	<input type="checkbox"/>
Other? _____		

Describe entertainment by performers: _____

Dance Floor? YES NO

If yes, provide dimensions of dance floor? L_____ x W_____ =_____ square feet.

Stage? YES NO

If yes, provide dimensions of stage? L_____ x W_____ =_____ square feet.

6. PARKING FACILITIES AND ARRANGEMENTS

Is off-street parking available on the premise? YES NO

If yes, how many off-street parking spaces are provided? _____

If no, what is the street address of the off-premises parking facility? _____

How many off-street parking spaces are provided: _____

7. SECURITY

Will security guards be provided? YES NO

If yes, number of security guards: _____

Name of Security Company: _____

Address of Security Company: _____

Phone Number of Security Company: _____

Email Address of Security Company: _____

Is there any other type of security provided? YES NO

If yes, describe type of security: _____

DAYS AND HOURS OF SECURITY GUARDS OR OTHER SECURITY WILL BE PROVIDED
(FILL OUT COMPLETELY)

SECURITY SCHEDULE							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time (AM/PM)							
End Time (AM/PM)							

8. PROPERTY OWNER'S INFORMATION

Name of Property Owner: _____

Mailing Address: _____

Phone Number _____ Email: _____

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

and hereby acknowledge and give consent to the application of the tenant for a dance and/ or entertainment permit in accordance with the provisions of the City of Huntington Park Municipal Code.

Name of Property Owner

Signature of Property Owner

Date

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I/We certify that all statements made on this application are true and complete to the best of my knowledge. I/We understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I/We further certify that I am, or have permission by, the property owner to conduct the proposed business applied for herein.

I/We understand and agree to abide by all the Dance and Entertainment Permit regulations of the City of Huntington Park Municipal Code and any other conditions imposed for the Dance and 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.

Name of Applicant

Signature of Applicant

Date

Name of Applicant

Signature of Applicant

Date

FOR OFFICE USE ONLY

APPLICATION CHECKLIST

SUBMITTAL REQUIREMENTS		NOTES
Complete application	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of photo ID of business owner(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Live Scan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Property Owner Approval	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Valid ABC License with conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of Active City Business License	Yes <input type="checkbox"/> No <input type="checkbox"/>	
California Department of Tax & Fee Administration (Sellers Permit)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of Active LA County Health Department Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interior Floor Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Planning Division Fee Paid	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Application Received by: _____

Date: _____

City Council Meeting Date: _____

Approved? Yes No

Comments: _____

Conditions of Approval: _____



CITY OF HUNTINGTON PARK

Community Development Dept.
6550 Miles Avenue, Huntington Park, CA 90255
Tel. (323) 584-6210

DEPARTMENTS / AGENCIES REVIEW CHECKLIST

DANCE AND ENTERTAINMENT PERMIT APPLICATION

PERMIT NO. _____

(The applicant is responsible for routing the application to outside agencies)*

Los Angeles County Fire Department*
Fire Prevention Division
3161 E. Imperial Hwy.
Lynwood, CA 90255
(310) 603-5258

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Huntington Park Police Department
Watch Commander
6542 Miles Avenue
Huntington Park, CA 90255
(323) 584-6254

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Huntington Park Planning Division
Community Development Director
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6392

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____



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DEPARTMENTS / AGENCIES REVIEW CHECKLIST

DANCE AND ENTERTAINMENT PERMIT APPLICATION

PERMIT NO.

Huntington Park Finance Department
Finance Director
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6201

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
<hr/>		
<hr/>		
Signature: X _____		Date: _____

Huntington Park Building Division
Building Official
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6271

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
<hr/>		
<hr/>		
Signature: X _____		Date: _____

Huntington Park Code Enforcement
Code Enforcement Manager
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6213

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
<hr/>		
<hr/>		
Signature: X _____		Date: _____