

PLACES OF ENTERTAINMENT PERMIT APPLICATION

Class 1 OR Class 2

- Please complete all items on the application. If additional space is required, attach additional sheets.
- Submit the completed application and the following applicable fees:
 - Class 1 - Non-refundable *five year* Application or Renewal Fee of \$1500
 - Class 2 - Non-refundable *five year* Application or Renewal Fee of \$500
- Submit the following background/investigative fee **for each** applicant, owner (as described in application), and on-site business/facility manager.
 - Non-refundable Investigation fee of \$183
 - Live Scan/Fingerprinting (private vendor).
- Bring a valid California Driver’s License or Government issued ID card for each applicant and responsible person.
- If not a US citizen, submit a valid I.N.S. work authorization card or proof of asylum.

Total amount submitted for application and backgrounds: \$ _____

Please make sure you attach the following with your application:

- Fees
- Articles of Incorporation (if applicable)
- Business Entity Formation documents including: Bylaws, Loans, Financial Backing, Deeds of Trust, etc.
- Photocopy of CDL or government issued ID for applicant, on-site managers, owner, partner, corporate officer, or stockholder (as described in the application)
- Copy of city land use permits
- Detailed Site Plan
- Lease Agreement
- Detailed Security Plan
- Detailed description of entertainment
- Copy of ABC license
- Copy of ABC conditions
- One (1) copy of floor plan (digital/electronic preferred)
- One (1) copy of proposed parking plan (include all agreements for off-site parking and between property owner and adjacent businesses)

Part 2 – Commercial Establishment Information

PLACE OF ENTERTAINMENT BUSINESS INFORMATION

Establishment Address: _____ **Establishment Phone:** _____

Business Name: _____ **Business Office Phone:** _____

Business Mailing Address: _____

Establishment Web-site: _____

If new establishment, date of planned opening: _____

Proposed Days/Hours of Place of Entertainment Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time *gzo! <2'co +							
Closing Time							

Describe in detail the nature of all business conducted at the establishment housing the place of entertainment: _____

Continued on Attachment (Attach additional pages as necessary)

Describe the type of entertainment in detail (outdoor entertainment, dancing, performers, live music by performers, amplified music, disc jockey, karaoke etc.): _____

Continued on Attachment (Attach additional pages with description as necessary)

Is a bona fide eating place* provided on the premises? Yes No.

(*Bona fide eating place means a place which is regularly used for serving meals for compensation, which has suitable kitchen facilities containing conveniences for cooking an assortment of foods for ordinary meals other than foods prepared off site, sandwiches, or salads. The kitchen must contain proper refrigeration for food and must comply with all applicable regulations of the Health and Human Services Dept.)

Persons under the age of 21 are prohibited inside a commercial establishment while operating as a Class 1 Place of Entertainment. Are persons under the age of 21 allowed during other business hours? Yes No. **If yes, please explain how you will ensure no underage persons are inside the place of entertainment when it opens.**

Continued on Attachment (Attach additional pages with description as necessary)

Are there pool table(s) or do you intend to install pool tables? Yes No.

Are there amusement machines or Juke boxes on premises? Yes No.

Do you have or intend to have "other" types of entertainment machines or devices? Yes No.

If yes, please explain: _____

ABC License Type(s): held _____ proposed _____ **ABC License #** _____

*** Attach a copy of each license application for held or proposed license(s), and if issued, the license(s) and all conditions.

Can you provide a responsible beverage service training course certificate for each manager and employee who serves alcoholic beverages? Yes No.

Entertainment, alcohol service, admission fee, and bona fide eating place (e.g. restaurant) hours (if applicable):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Live Entertainment (type and hours)							
Admission fee* (amount, hours charged)							
Alcohol service (hours)							
Restaurant* (food service hours)							

* mark "n/a" if not applicable

Building Permit number approving the floor plan: _____.

*****Attach ONE copy of the approved FLOOR PLAN.** The floor plan must be annotated with the following:

- Any changes to the floor plan since the original approval and any proposed changes. Include a notation identifying the date the modification was approved if such approval was required
- All customer seating areas, performing stages or platforms, back-of-house area, restroom facilities, dance areas,
- All tables and seating (fix and moveable).
- All amusement machines, including speakers, television sets, lighting, etc.
- All existing systems of the premises

Off-street parking lot location	# of spaces	days/hours available to business	owner name and phone #

*****For EACH PARKING LOT** identified on the site plan, **ATTACH** the parking agreement or other documents conveying the right or granting permission to use the parking lot to the business.

Will valet parking be provided? Yes No. **If yes, days and hours:** _____

Who will handle dispersal of vehicles? _____

*****Attach QPG copy of the proposed SITE PLAN** that show the following:

- the building's footprint
- boundary and property lines
- off-street parking lots with individual parking spaces identified
- any changes to the site plan that have occurred to since the original city building, fire, and planning department approval(s) and include a notation identifying the date the modification was approved by the city if approval was required.

SECURITY MEASURES

Name of Applicant responsible for security: _____
 (Print Name)

Class 1 - there shall be a minimum of three security guards on duty for up to and including the first 100 patrons on site. Once the number of patrons exceeds 100, there shall be the greater of five security guards on duty or one security guard per 75 patrons on site.

Class 2 - no security guard will be required unless the Police Chief determines the necessity.

“On site” means and includes all patrons within the premises and waiting in line to enter the premises.

- Will employees be used as security guards? Yes No
- If yes, have all the security guard employees registered with the California Department of Consumer Affairs as security guards? Yes No
- If no, do you intend that all security guards be registered? Yes No

If No, explain: _____

Will a private security firm be used? Yes No

If yes, have you identified a company? Yes No

If yes, provide the following information regarding the private firm security:

Company Name: _____ City Business License # _____

Address: _____ Telephone # _____

Contact Person: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
*Reg. security guards on duty (#/hours)							
Other security personnel							

*Registered Security Guards means a person currently registered with the California Department of Consumer Affairs, Bureau of Security and Investigative Services as a Security Guard.

Additional Security Measures: (check all that apply) CCTV Metal Detector Alarm System
 Panic Button Motion Detectors Audible Verified Current Alarm Permit # _____
 Other: _____

*****Attach a copy of the detailed security plan.** The security plan must include the following:

- The number of security personnel who will be on duty.
- The minimum level of acceptable training for security personnel.
- The patron screening procedure, if any, before admittance to the establishment'.
- Identifying all patron access points into the establishment.
- Procedure for removal of disorderly or intoxicated patrons from the premises.
- Dispersal of patrons from the establishment on-site parking area and public rights-of-way (e.g. sidewalk or street within fifty feet of any entrance to the establishment).

PROPERTY INFORMATION

Is a zoning administrator permit or conditional use permit required for a place of entertainment at this location?

Yes No. If yes, PLN number: _____ *Attach a copy of the land use permit and conditions of approval.

Approved Building Occupancy: _____

Are there surrounding businesses? Yes No.

What type? _____

Are there surrounding residences? Yes No. **If yes, how close?** _____

Approximately how close is the closest residence? _____

Has this property previously been the site of a place of entertainment in the last 5 years? Yes No.

If yes, state the business name(s) and dates of operation: _____

Describe in detail any and all property interest(s) held by the applicant(s) in either or both the structure housing the place of entertainment and the underlying land. * Attach a copy of any leases or agreements for the use of the structure or land.**

Real Property Owner Information

Property Owner's Name _____ Contact phone number _____

Property Owner's Name _____ Contact phone number _____

Continued on Attachment (for additional names, attach separate continuation sheet)

The real property owner's relationship to the place of entertainment (check all that apply):

landlord business owner applicant other (describe) _____.

Part 3 – Applicant/Responsible Person Information

APPLICANT/RESPONSIBLE PERSON INFORMATION

Applicant means all persons having a direct or indirect financial interest of 10% or more in the place of entertainment for which a license is sought. Each **Applicant** must provide the information required by this section, verify the information provided in the application, and co-sign the application. **Responsible person** means a person in possession of real property comprising the premises; a *licensee* under this chapter; each person upon whom a duty, requirement or obligation is imposed by this chapter; each person who is otherwise responsible for the operation, management, direction, or policy of a *place of entertainment*; and an employee who is in apparent charge of the *premises*. For existing POE's, each **responsible person** must provide and verify the information required by this section. For new POE, each anticipated **responsible person** must provide and verify the information required by this section.

Name (check one) Applicant Responsible person _____
 (printed name)

Your role in the POE: (check all that apply) owner operator manager other: _____

Contact Information _____
 Home phone Business phone Cell phone Email address

Business address: street city state zip code

Date of Birth: _____ Identification (check one and provide a copy):

- Driver's License: # _____ issuing state: _____ name on ID _____
- unexpired State Identification Card # _____ issuing state: _____ name on ID _____
- current U.S. military-issued identification card # _____ name on ID _____
- valid passport issued within the last five years # _____ name on ID _____

Address History: List EACH ADDRESS you lived at in the last 5 YEARS (natural persons only; entity applicants skip to next question). Attach additional pages if needed:

Current address: (street) (city) (state) (zip code)

Previous address (street) (city) (state) (zip code) (dates of residency)

Previous address (street) (city) (state) (zip code) (dates of residency)

Previous address (street) (city) (state) (zip code) (dates of residency)

Personal Financial Information (applicants only) (use additional sheets if necessary):

Bank _____ Branch _____ Acct # _____

Name(s) on account: _____

Bank _____ Branch _____ Acct # _____

Name(s) on account: _____

Bank _____ Branch _____ Acct # _____

Name(s) on account: _____

Criminal Convictions: List ALL criminal convictions (other than infractions). For each, provide the case name, name of court, court number, date of conviction, charge (statute/code/ordinance violated), whether the conviction was felony or misdemeanor. Conviction means a plea or finding of guilty or plea of no contest or nolo contendere.

Case Name	Court Name	Date of Conviction
Charge/s		
Court #	Felony / Misdemeanor	

Continued on Attachment

Business History: Provide the following information for EACH BUSINESS you owned, operated, managed, or otherwise had a business or employment relationship with in the last 10 YEARS that served alcohol, offered live entertainment (including DJ's) and allowed patron dancing. Attach additional pages as needed.

Business #1. _____

Business Name	Address	Phone
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Describe in detail the nature of your interest and your role (title and duties) in the business: _____

Dates of your involvement in each capacity described above: _____

Business #2. _____

Business Name	Address	Phone
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Describe in detail the nature of your interest and your role (title and duties) in the business: _____

Dates of your involvement in each capacity described above: _____

Continued on Attachment (For additional business attach additional pages)

List ALL OTHER BUSINESSES in which you currently hold a direct or indirect financial INTEREST of 10% OR MORE:

Business Name	Location	Phone Number
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Your role: (check all that apply) owner operator manager other: _____ dates: _____

Business Name	Location	Phone Number
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Your role: (check all that apply) owner operator manager other: _____ dates: _____

Continued on Attachment (For additional business attach additional pages)

Enforcement history. Have any of the businesses you listed above, or your involvement in any of the businesses listed above, even been the subject of an administrative, civil or criminal investigation or enforcement proceeding, or lead to the issuance of a notice of violation, an order to abate violation, regulatory discipline of a license or permit, or assessment of fines or penalties by any jurisdiction, including but not limited to the California Department of Alcoholic Beverage Control? Yes No. FOR EACH BUSINESS AND INSTANCE for which you responded “yes”, provide the following information. (Attach additional pages as necessary.)

Business name: _____

Jurisdiction investigating/pursuing proceeding: _____

Case name and matter/court number/docket (if assigned) _____

Primary contact at jurisdiction: _____

(printed name)

(phone number)

Describe in detail the nature of any investigation, enforcement proceeding, violation, abatement order, fine and/or penalty, including any regulatory discipline, injunction, or punishment that resulted and the dates. _____

Did the investigation or proceeding result in the permanent revocation of a license, permit, land use entitlement, or other right or permission to operate the business? Yes No. If no, describe in detail the outcome of the investigation or proceeding. _____

Continued on Attachment

Have you ever surrendered or abandoned a license or permit to conduct a business? Yes No. If, yes, please identify the name of the business, its address, and describe the circumstances: _____

RESPONSIBLE PERSON CERTIFICATION

(Applicants skip to Part IV)

I declare under penalty of perjury under the laws of the State of California that the statements I have made on this form are true and correct to the best of my knowledge. I authorize the City of Fremont, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the permit. I further understand that ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

Responsible Person's Name (please print) _____

Responsible Person's Signature: _____ DATE: _____

Part 4 – Business Entity Formation

LIMITED LIABILITY COMPANY

Instructions: An individual managing member or designee may sign on behalf of the limited liability company. Attach a copy of original operating agreement and all amendments.

1. Limited Liability Company Name			2. Telephone Number		
3. Premises Address <i>(Street number and name, city, state, zip code)</i>					
4. Company Headquarters Address <i>(Street number and name, city, state, zip code)</i>			5. Headquarters Telephone Number		
6. Company Attorney's Name			7. Attorney's Telephone Number		
8. Company Attorney's Address <i>(Street number and name, city, state, zip code)</i>					
9. Date LLC-1 filed with Secretary of State		10. State where LLC-1 filed with Secretary of State		11. State where LLC formed	
				12. Articles of Organization (LLC-2 or LLC-10) has been amended <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. Operating Agreement Date			14. Last Amendment Date		
15. The Limited Liability Company will be managed by (check one)					
<input type="checkbox"/> One Manager		<input type="checkbox"/> More than one Manager		<input type="checkbox"/> Members	
				<input type="checkbox"/> Single Member	

16. NAME OF MANAGER(S)

Manager Printed Name	Manager Printed Name
Manager Printed Name	Manager Printed Name

17. NAME OF OFFICERS AUTHORIZED BY ARTICLES OR AGREEMENT

Officer Printed Name	Officer Printed Name
Officer Printed Name	Officer Printed Name

18. LIST ALL MEMBERS

Manager Printed Name	Percentage of Ownership	Effective Date
Manager Printed Name	Percentage of Ownership	Effective Date
Manager Printed Name	Percentage of Ownership	Effective Date
Manager Printed Name	Percentage of Ownership	Effective Date
Manager Printed Name	Percentage of Ownership	Effective Date

LIMITED PARTNERSHIP

Instructions: Complete all items. Attach a copy of the original Limited Partnership Agreement and all amendments. One general partner must sign.

1. Limited Partnership Name	2. Telephone Number
3. Premises Address <i>(Street number and name, city, state, zip code)</i>	
4. Limited Partnership Headquarters Address	5. Headquarters Telephone Number
6. Limited Partnership Attorney's Name	7. Attorney's Telephone Number
8. Limited Partnership Attorney's Address <i>(Street number and name, city, state, zip code)</i>	
9. Date LP1 or LP5 filed with Secretary of State	10. Limited Partnership Agreement and / or Certificate has been amended <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Last Amendment Date	

12. NAMES OF ALL GENERAL PARTNERS AND PERCENTAGE OF OWNERSHIP

Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date

13. NAMES OF ALL LIMITED PARTNERS AND PERCENTAGE OF OWNERSHIP

Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date
Partner's Printed Name	Percentage of Ownership	Effective Date

CORPORATE

Instructions: Complete all items. One officer must sign for the corporation. Item 16 - List Certificates chronologically, including active, canceled, and pending issuance. If stock is pledged, include date, number of shares, and from whom to whom.

1. Name of Corporation		2. ABC License Number
3. Premises Address		4. Telephone Number
5. Attorney's Name		6. Attorney's Telephone Number
7. Attorney's Address		
8. Name of Bank (Corporation account)		9. Account Number
10. Address of Corporate Bank Account		
11. Persons Authorized to sign on Bank Account (Print)		
12. Incorporate Date	13. State of Incorporation	14. Secretary of State File Number

15. OFFICERS AND DIRECTORS

Title	Name	Address	Telephone Number

Part 5 – Signature and Certification

16. LIST ALL STOCK CERTIFICATES

<i>TO WHOM ISSUED</i>	<i>CERTIFICATE NUMBER</i>	<i>NUMBER OF SHARES</i>	<i>PERCENTAGE OF OUTSTANDING SHARES OF STOCK</i>	<i>DATE ISSUED</i>	<i>DATE CANCELED</i>

SIGNATURE REQUIREMENT

The application must be certified and signed by all of applicants. For a general partnership, the application shall be signed by each of the partners. For a limited partnership, the application shall be signed by each of the general partners. For a limited liability company that has elected to be managed by its members, the application shall be signed by each member or by an officer authorized by the articles of organization or the operating agreement to bind the company. In the case of a limited liability company that has elected to be managed by a manager or managers, the application shall be signed by the manager or managers or by an officer authorized by the articles of organization or the operating agreement to bind the company. For a corporation, one from each of the following categories; (1) The Chairperson of the Board, The President, or a Vice President, and (2) The Secretary, Assistant Secretary, Chief Financial Officer, or Assistant Treasurer.

CERTIFICATION

Each person whose signature appears below **declares under penalty of perjury** under the laws of the State of California that: (1) he or she is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in this application, duly authorized to make this application on its behalf; (2) he or she has read this application, knows the contents thereof, and to the best of his or her knowledge, all of the information provided on the application is true and that this application neither omits nor misstates any material information; and, (3) to the best of the applicant’s knowledge no person other the applicant or applicants has a direct or indirect interest of 10% or more in the application or the applicant’s business to be conducted under the license applied for.

SOLE OWNER

Printed Name	Signature	Date Signed
_____	X _____	_____

PARTNERSHIP/LIMITED PARTNERSHIP (general partners only)

Partner’s Printed Name	Signature	Date Signed
_____	X _____	_____
Partner’s Printed Name	Signature	Date Signed
_____	X _____	_____
Partner’s Printed Name	Signature	Date Signed
_____	X _____	_____
(Use additional signature page as necessary)		

CORPORATION

Printed Name	Signature	Date Signed
_____	X _____	_____
Title: <input type="checkbox"/> President <input type="checkbox"/> Chairman of the Board		
Printed Name	Signature	Date Signed
_____	X _____	_____
Title: Secretary <input type="checkbox"/> Asst. Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Asst. Treasurer <input type="checkbox"/>		

LIMITED LIABILITY COMPANY

The limited liability company is member run? No (If no, each manager or designated operating officer must sign) Yes (If yes, each member must signature)

Designated Manager(s), Managing Member(s) or Designated Officer(s)		
Printed Name	Signature	Date Signed
_____	X _____	_____
Printed Name	Signature	Date Signed
_____	X _____	_____
Member’s Printed Name	Signature	Date Signed

Member's Printed Name	X Signature	Date Signed
Member's Printed Name	X Signature	Date Signed
Member's Printed Name	X Signature	Date Signed

Additional Signatures

Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed
Printed Name	X Signature	Date Signed

FOR OFFICIAL USE ONLY

Background Clear _____yes _____no Livescan prints clear _____yes _____no
Valid ID _____yes _____no Work Authorization _____yes _____no
Business License# _____ Expiration Date: _____
Fees Background Fingerprints Total fees paid: _____ Cash __ check __ C/C____
APPROVED: _____ DENIED: _____ Other: _____
DATE: _____ Signature: _____