



**PUBLIC ENTERTAINMENT
ESTABLISHMENT APPLICATION**
(PER CITY CODE SECTION 3.40.430)



SANTA CLARA POLICE DEPARTMENT
601 El Camino Real • Santa Clara • (408) 615-4867

- Please complete all items on the application. If additional space is required, attach additional sheets.
- Submit the completed application and the non-refundable fee to the Santa Clara Police Department – Permits Unit.
- Bring valid California Drivers License or ID card.
- If not a U.S. Citizen, submit a valid I.N.S. work authorization card or proof of asylum.

Business Name: _____ Business Phone: _____

Business Address: _____

Holder of Lease or Rental Agreement: _____

Type of Ownership: Individual *Corporation Partnership Other _____

*ATTACH ARTICLES OF INCORPORATION and list #: _____

Exact Nature of Business: _____ Days/Hours of Operation: _____

Description of Security Measures: _____ If necessary, see attachment

Describe the type of Entertainment in detail: _____

_____ If necessary, see attachment

Is Alcohol sold on premises? _____ Type of License: _____

OWNER/ PARTNER/ CORPORATE OFFICER/ EACH STOCKHOLDER OWNING MORE THAN 10% OF THE STOCK:
Attach additional sheets if necessary.

Name	Address	City	Date of Birth
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Home Phone	Cell Phone	Driver's License #	Social Security Number
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Are you a US Citizen? _____ If no, list work authorization # and expiration date: _____

APPLICANT RESIDENCE HISTORY (Previous three years):

Address	City	State	Dates of Residency
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Address	City	State	Dates of Residency
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CRIMINAL CONVICTIONS: List **all** criminal convictions (other than misdemeanor traffic violations) per applicant

Name	Date of conviction	Location	Type of conviction
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HISTORY OF APPLICANT (S) OPERATING AN ENTERTAINMENT BUSINESS, LAST 3 YEARS:

Business Name _____ Address _____ Phone _____
Employment Dates _____ Job Title _____

List all other businesses, addresses, and phone numbers in which applicant(s) hold an interest:

Have you **ever** had a permit/license related to any business operation revoked or suspended? _____ If yes, provide:

Location _____ Date _____ Permit/License # _____ Reason _____

PERSONAL FINANCIAL INFORMATION:

Bank _____ Branch _____ Account # _____

Name(s) on Account: _____

BUSINESS FINANCIAL INFORMATION:

Bank _____ Branch _____ Account # _____

Name(s) on Account: _____

List the person(s) who will manage or be principally in charge of the business:

Name _____ Address _____ City _____ Home Phone _____

Cell Phone _____ Driver's License # _____ Social Security Number _____ Date of Birth _____

Are you a US Citizen? _____ If no, list work authorization # and expiration date: _____

Under penalties of perjury, I certify that the statements I have made on this form are true and correct. I authorize The City of Santa Clara, 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.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF APPLICANT _____ DATE _____

Date: _____

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: _____

Total Fees Paid: _____ CASH CHECK CARD

APPROVED: _____ DENIED: _____ OTHER: _____