



## *Applicants Guide to Submitting* **ENTERTAINMENT PERMIT APPLICATIONS**

An Entertainment Permit is required for all establishments that offer any form of live entertainment including, but not limited to, live music, singing or live disc-jockey-hosted music. However, if entertainment is to be presented four (4) or fewer days during any twelve month period, no Entertainment Permit is required.

Entertainment Permit applications may be submitted to the Development Services Department Monday through Thursday between the hours of 8:00 a.m. and 6:00 p.m. and every other Friday between the hours of 8:00 a.m. and 5:00 p.m. (Closed for lunch 12:00 p.m. to 1:00 p.m.).

Entertainment Permits are valid for one year from the issuance date. Applicants requesting renewal must file a written application for renewal and renewal fees with the Development Services Department 90 days prior to the expiration date of their permit.

### **REQUIREMENTS:**

The following information is required upon submittal:

1. Completed *Entertainment Permit application*.
2. *Fee of \$250.00* (per City Council Resolution) payable to the City of Lake Forest.
3. *Site Plans* - Five (5) sets of detailed site and floor plans of the proposed business, depicting the building interior dimensions and off-street parking spaces required by the City zoning code. Also include all entrances/exits, windows, entertainment areas, stages, individual viewing booths, dressing rooms, bathrooms, banquet rooms and other rooms, tables, booths, furniture, bars, kitchens and other food or beverage preparation areas.
4. *Lease agreement* - If the applicant is not the property owner, the applicant shall submit a notarized statement signed by the property owner, consenting to the operation of the entertainment establishment at the location by the applicant and a copy of the lease between the property owner and the applicant for the entertainment establishment.

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# CITY OF LAKE FOREST ENTERTAINMENT PERMIT APPLICATION

FOR OFFICIAL USE ONLY:	
DATE STAMP (RECEIVED)	Routing

PLEASE CHECK APPLICABLE BOX OR BOXES

- CHECK HERE IF RENEWAL**  
 ENTERTAINMENT PERMIT FOR CORPORATIONS/PARTNERSHIPS  
 ENTERTAINMENT PERMIT FOR SOLE PROPRIETORSHIP

Please complete the following application and submit with required documentation to the City of Lake Forest. Refer to the *Applicant's Guide to Submitting Entertainment Permit* (Available at Lake Forest City Hall) for more information. (Ordinance 2003-136)

## PART 1: IDENTIFYING INFORMATION

Last Name		First		Middle	
Alias or Maiden Names					
Home Address					
City		State		Zip	
Mailing Address (If different than above)					
City		State		Zip	
Date of Birth		Place of Birth		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height		Weight	
				Hair	
				Eyes	
Driver's License No.		State		Social Security No.	

## PART 2: ESTABLISHMENT

### Name of establishment

Business Name		Operators Name			
Business Address				New license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		State		ZIP	
				Business Phone	

### Property owner information

Name and Address of Owner and/or agent of the Real Property where the business is to be conducted. If applicant is <u>not</u> the legal property owner, the applicant shall submit a copy of the lease between the property owner and the applicant for the entertainment establishment and a notarized statement signed by the owner consenting to the operation of the entertainment establishment at the location by the applicant. (Section 5_.050.B.12)					
Name			Address		
City		State		Zip	

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**PART 3: TYPE OF BUSINESS**

Type of Business Organization:	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
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<b>For Sole Proprietorships Only</b>	You, the Applicant, must be the Sole Proprietor to submit this Application.	Name of Business as Appears on Fictitious Name Statement:
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<b>For Corporations Only</b>		
Name of Corporation (as shown in Articles of Incorporation):		
State of Incorporation	Corporation Number	Date of Incorporation

<b>For General / Limited Partnerships</b>
Name of Business as Appears on Fictitious Name Statement

<b>FOR CORPORATIONS</b> Include the following information for each Officer and Director, and for each person who has a financial interest in the corporation amounting to more than five percent (5%) of the authorized and issued shares.	<b>FOR PARTNERSHIPS</b> Include the following information for each partner, including limited partners.		
Last Name	First Name	Middle Name	
Alias or Maiden Name	Date of Birth		
California Driver's License No. or CA. ID no.	Social Security Number	<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder	
Residence Address			
City	State	ZIP	Phone
Business Address (If Different from this Business as listed above.)			
City	State	ZIP	Phone
Last Name	First Name	Middle Name	
Alias or Maiden Name	Date of Birth		
California Driver's License No. or CA. ID no.	Social Security Number	<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder	
Residence Address			
City	State	ZIP	Phone
Business Address (If Different from this Business as listed above.)			
City	State	ZIP	Phone

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**PART 3: TYPE OF BUSINESS (Continued)**

Last Name		First Name		Middle Name
Alias or Maiden Name			Date of Birth	
California Driver's License No. or CA. ID no.	Social Security Number	<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder		
Residence Address				
City	State	ZIP	Phone	
Business Address (If Different from this Business as listed above.)				
City	State	ZIP	Phone	
Last Name		First Name		Middle Name
Alias or Maiden Name			Date of Birth	
California Driver's License No. or CA. ID no.	Social Security Number	<input type="checkbox"/> Responsible Managing Officer (Only One per Business) <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder		
Residence Address				
City	State	ZIP	Phone	
Business Address (If Different from this Business as listed above.)				
City	State	ZIP	Phone	

**PART 4: DESCRIPTION OF BUSINESS**

*A site plan or other diagram must be submitted in addition to this application. It must clearly depict the layout and configuration of the premises including the parking and relative location of all features and fixtures (including, but not limited to, all entrances/exits, windows, entertainment areas, stages, individual viewing booths, dressing rooms, bathrooms, banquet rooms, and other rooms, tables, booths, furniture, bars, kitchens, and other food or beverage preparation areas).*

Describe in detail, the nature of the business or commercial enterprise to be conducted by the entertainment establishment.

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**Description of the entertainment**

Describe in detail, the nature and type of the proposed entertainment, including the number of performers or participants to be involved. Include a statement describing the area within or on the premises where entertainment is to be performed and observed with reference to the site plan or diagram.

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**Management**

Please list the name(s) of the person(s) responsible for the operation, management, and supervision of the entertainment establishment and of the entertainment.

Name	Address	
City	State	Zip
Name	Address	
City	State	Zip

**Hours of Operation**

LIST HOURS OF OPERATION						
MON	TUES	WEDS	THURS	FRI	SAT	SUN

**Food and Beverage**

Yes, the business will be providing food and/or beverages.  
If yes, please provide a detailed description of the food and/or beverage service, if any that will be offered to patrons. If alcoholic beverages are to be offered for sale and served at the premises, a copy of a liquor license shall be submitted to the City.

No, the business will not be providing food and beverage sale or service.

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**Miscellaneous**

<i>Please check one:</i>	
Admission will be charged <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is admission fee? _____
Minors will be permitted upon the premises <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, during which hours of operation? _____
Entertainers (including applicant, owner or operator) will be:	<input type="checkbox"/> employees or <input type="checkbox"/> independent contractors

**PART 6: PERMIT HISTORY**

Please complete the area below:

Has the applicant, owner, or any person responsible for the operation, management, and supervision of the entertainment establishment or entertainment, within the past five (5) years, had any permit or license issued in conjunction with the sale of alcohol or provision of entertainment?

Yes If yes, type of license \_\_\_\_\_  
 No  
 I have not applied for or previously held any licenses or permits in any state to conduct any type of business in conjunction with the sale of alcohol or entertainment.

During that period, was the permit or license suspended or revoked?

Yes If yes, complete area below.  
 No

City:	State	License/Permit Type	License/Permit No.
<input type="checkbox"/> Issued Date Issued: _____ Issuing Agency: _____	Has this license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: _____ To: _____		Reason:
<input type="checkbox"/> Application Denied Date of Application: _____	Denied by: (Issuing Agency)		
If License/Permit was Revoked, Suspended, or Denied, In what business or occupation did you engage in following such revocation, suspension, or denial?			

  

City:	State	License/Permit Type	License/Permit No.
<input type="checkbox"/> Issued Date Issued: _____ Issuing Agency: _____	Has this license ever been <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended Revoked Date or Dates of Suspension From: _____ To: _____		Reason:
<input type="checkbox"/> Application Denied Date of Application: _____	Denied by: (Issuing Agency)		
If License/Permit was Revoked, Suspended, or Denied, In what business or occupation did you engage in following such revocation, suspension, or denial?			

**PART 8: CERTIFICATION**

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Lake Forest, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted and that a copy of the City ordinances regulating entertainment is available to me in the City Clerk's office.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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