

issuance of this permit shall be:

Approved Denied

CITY OF SANTA BARBARA Dance Permit Application LIMITED PERMIT

APPLICATION PACKET - CHECKLIST

APPLICANT: Attach business card here, if applicable.

Date

Permit Conditions: Limited to 12 nights per year; dancing must cease by midnight. NAME OF BUSINESS (dba):______ Business Address: Mailing Address: Primary Contact: Phone: STEP 1 - Present the following to the Police Technician at 215 E. Figueroa St. Date Stamp (Rec'd): **Completed and signed Application Packet forms:** Terms of Application sheet **Business Information** City Stamp/Paid **Applicant Information** \$600 - Paid to Manager-Supervisor Information Police Technician Arrest History & Authorization to Release City Clearance forms, completed by each of the following agencies: Planning Division - Community Development Department ☐ DOJ DELAY Building and Safety - Community Development Department Fire Department □ DOJ ■ BSTD/VDX ☐ RMS □ GUS **Public Works Department** Crime Stats Rec'd: **Additional Documents required:** Floor plan including detailed dance floor specifications **NET Sgt recommendation**: Copy of ABC license, if any ■ No issues Copy of Business License tax certificate ☐ Comments/Concerns* *Explanation on back. Two passport-sized photos of applicant(s)/owners Initials: Date: Payment of fees - \$600 (CHECKS ONLY - No credit cards or cash) Premise Walkthrough: **STEP 2** – LIVESCAN appointment(s) at Police Department Upon payment of fees, Police Technician will schedule LIVESCAN appointment for applicant fingerprinting. Applicant must report to the main lobby of the Police Department at 215 E. Figueroa SBPD Permit Exp: a minimum of 10 minutes prior to appointment time. Applicant must bring the LIVESCAN form, provided by Police Technician, and payment receipt to appointment. **STEP 3** - Site visit by Police Dept. staff at a mutually agreed upon date/time. STEP 4 - Public Noticing - Posting on exterior of premise for a minimum of 10 days. (Date posted:_ **STEP 5** - Public Meeting — Public comment/discussion regarding permit Based on a review of all information provided and information gathered during the application process,

Chief of Police, or designee



Dance Permit Application

TERMS OF APPLICATION

All pages within the application packet must be completed fully and truthfully. Applicant's signature on any page indicates, under possible penalty of perjury, that the information listed therein is complete and accurate as of the time the application is submitted to the Police Technician. Incomplete application packets will not be accepted. Failure to disclose all requested information may result in permit denial.

The permit application fee is non-refundable. You will not receive a refund of fees even in the event of the following circumstances:

- · You are denied a permit;
- · You withdraw your application; or
- You fail to complete the permit process.

above information and terms of application.						
Applicant Signature	Print Name	Date				
Applicant Signature	Print Name	Date				

Applicant's signature below indicates applicant's complete understanding of the



Dance Permit Application – LIMITED PERMIT

BUSINESS INFORMATION

Name of Business (dba):	
Name of Applicant:	
Business Address:	
Business Phone:	
Owner of Real Property:	
Property Owner's Mailing Address:	
Property Owner's Phone Number(s):	
Other Authorized Contact (Name/Phone):	
Date business opened or will open: Expected age rar	nge of patrons:
Type(s) of music to be played during dance hours:	
Proposed days/hours of dancing (maximum 12 days per year):	
	Hrs:
2. Date: Hrs: 8. Date: 3. Date: Hrs: 9. Date:	Hrs: Hrs:
	Hrs:
5. Date: Hrs: 11. Date:	Hrs:
6. Date: Hrs: 12. Date:	Hrs:
Maximum occupancy (confirmed on attached SBFD paperwork):	
Business Type: ☐ Sole Proprietor ☐ Partnership* ☐ Corporation* ☐ I	imited Liability Co.*
* Please complete the information below for all persons with any financial int including all partners, members, or stockholders (use a separate sheet if nec	
Name & Title, if applicable:	% Ownership
Permanent Address:	
Phone Number(s):	
2. Name & Title, if applicable:	% Ownership
Permanent Address:	
Phone Number(s):	
3. Name & Title, if applicable:	% Ownership
Permanent Address:	
Phone Number(s):	



Dance Permit Application – LIMITED PERMIT

MANAGER-SUPERVISOR INFORMATION

Applicant must list the names and contact phone numbers, including cell phones, of all persons designated as having day-to-day management and supervision authority over the proposed dance establishment. Applicant is responsible for keeping this information current with the Police Department at all times.

Each manager/supervisor must complete the arrest history information below his/her name.

Manager/Supervisor signature indicates that arrest history is complete and true.

Security Manager:	Name:		Cell:	
Has this person ever bee	en convicted of a misdemea	nor or felony? 🔲 No	Yes – listed below	
Offense:		Date:	Disposition:	
Offense:		Date:	Disposition:	
Offense:		Date:	Disposition:	
Is this person currently o	n: Probation? No Y	es, thru	Parole?	
Manager Signature:			Date	
General Manager:	Name:		Cell:	
Has this person ever bee	en convicted of a misdemea	nor or felony? No	Yes – listed below	
Offense:		Date:	Disposition:	
Offense:		Date:	Disposition:	
Offense:		Date:	Disposition:	
Is this person currently o	n: Probation? No Y	es, thru	Parole?	
Manager Signature:			Date	
Manager/Supervisor:	Name:		Cell:	
Managen/Ouper Visor.				
	 en convicted of a misdemeal	nor or felony? 🔲 No	Yes – listed below	
		nor or felony? No	Yes – listed below Disposition:	
Has this person ever bee		<u> </u>		
Has this person ever bee Offense:		Date:	Disposition:	
Has this person ever bee Offense: Offense:	en convicted of a misdemea	Date:	Disposition:	
Has this person ever bee Offense: Offense: Offense:	en convicted of a misdemea	Date: Date: Date:	Disposition: Disposition: Disposition:	
Has this person ever bee Offense: Offense: Offense: Is this person currently o	n: Probation? No Y	Date: Date: Date:	Disposition: Disposition: Disposition: Parole? No Yes thru	
Has this person ever been Offense: Offense: Offense: Is this person currently of Manager Signature: Manager/Supervisor:	n: Probation? No Y	Date: Date: Date: es, thru	Disposition: Disposition: Disposition: Parole? No Yes thru Date	
Has this person ever been Offense: Offense: Offense: Is this person currently of Manager Signature: Manager/Supervisor:	n: Probation? No Y	Date: Date: Date: es, thru	Disposition: Disposition: Disposition: Parole? No Yes thru Date Cell:	
Has this person ever been Offense: Offense: Offense: Is this person currently of Manager Signature: Manager/Supervisor: Has this person ever been	n: Probation? No Y	Date: Date: Date: es, thru	Disposition: Disposition: Disposition: Parole? No Yes thru Date Cell: Yes – listed below	
Has this person ever been Offense: Offense: Offense: Is this person currently of Manager Signature: Manager/Supervisor: Has this person ever been Offense:	n: Probation? No Y	Date: Date: Date: es, thru nor or felony? No Date:	Disposition: Disposition: Disposition: Parole? No Yes thru Date Cell: Yes – listed below Disposition:	
Has this person ever been Offense: Offense: Offense: Is this person currently of Manager Signature: Manager/Supervisor: Has this person ever been Offense: Offense:	n: Probation? No Y	Date: Date: Date: es, thru nor or felony? No Date: Date: Date:	Disposition: Disposition: Disposition: Parole? No Yes thru Date Cell: Yes – listed below Disposition: Disposition:	



CITY OF SANTA BARBARA Office Use: (Photo)

Dance Permit Application

OWNER INFORMATION Please complete one sheet per OWNER.

Applicant Name:						
List A.K.A. (all "also known as" names):						
Residence Address:				I		
Mailing Address, if dif	fferent:					
Contact Phone(s): Social Security #			ırity #:			
CA Driver's License: Birth date						
Place of Birth: Ar		Are you a U	Are you a U.S. citizen? Yes No			
Length of time in San	Length of time in Santa Barbara: Length of		time in CA: yrs months			
Hair Color:	Eye color:	Height: '	"	Weight:	1bs	
Address:	and dates for places of res	idence over the pas			recent:	
City/State/Zip			From:	To:		
Address:						
City/State/Zip			From:	To:		
Address:						
City/State/Zip From: To:			10:			
Address:						
City/State/Zip			From:	To:		
Address:				Т		
City/State/Zip			From:	To:		
List last five places Address:	of employment, starting w	vith most recent:				
City/State/Zip			From:	To:		
Address:			FIOIII.	10.		
City/State/Zip			From:	To:		
Address:			1 10111.	10.		
City/State/Zip From: To:						
Address:				. 0.		
City/State/Zip			From:	To:		
Address:			1			
City/State/Zip From: To:						
Applicant Signature:				Da	ate:	

Separate Sheet Must Be Completed by EACH owner. Make copies if needed.



CITY OF SANTA BARBARA

ARREST HISTORY

Dance Permit Application

Failure to list all arrests and citations may result in a denial of your application. This page MUST be completed.

Date	Diago (City and Ci	1010)	y, write "NONE" or "N/A".	\
	Place (City and St	tate)	Reason (Violati	on)
				_
re you curre	ently on: Probation? N	lo Yes thru_	Parole? No Yes	s thru
		Section 290 Pe	enal Code (ie. sex registrant)?	☐ No ☐ Yes
his form	is misrepresented or o	omitted, it ma	ands that if any informati y be grounds for denial (of the permit.
rinted (C	wner's Full Name)	Signatu	ire	Date
Police Te	echnician Initials	Date:	<u>.</u>	arrest history
Police Te	echnician Initials	Date:		,
Police Te			ELEASE INFORMATIO	,
As an ap of any ar my work	AUTHORIZA plicant for a City permit and all information deemed records, education reco	TION TO RE within the City d pertinent and ords, medical re		outhorize the release process concerning information of a
As an ap of any ar my work confident	plicant for a City permit and all information deemed records, education records or privileged nature to by release the City of	within the City d pertinent and ords, medical reports the City of Sar Santa Barba zation, or other	of Santa Barbara, I hereby a necessary to the application cords, arrest history, and arta Barbara Police Departmentara, individual employeesers, from any liability or da	nuthorize the release process concerning my information of ant and its agents.

Community Development Department 630 Garden Street

Building and Safety Division

Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m. Monday through Friday, except holidays

Phone: 564-5485

Please present this completed form at the above address: Date of Application: Type of Permit applied for: Dance Permit - Limited Applicant's Name: _____ The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business. Business Address: _____ Name of Business: Type of Business: Residential ______ Contact phone number: Business Other) New permit () Renewal of permit () New address for business () Existing address for business Building Type: Building Permit Required: Certificate of Occupancy Required: Occupancy Group: **BUILDING OFFICIAL** To be completed by Community Development Department: PERMIT USE APPROVED **PERMIT USE NOT APPROVED** Signature Date



PROPOSED PERMIT USE CLEARANCE FORM

Fire Prevention Office - 925 Chapala St

Fire Department - Fire Inspection

Business hours are 8:00 a.m. - 5:00 p.m.

Monday through Friday, except holidays

Call: (805) 564-5702 or

Email: FireInspectors@SantaBarbaraCA.gov

for appointments.

Please present this completed form at the above address:

Date of Application:			
Type of Permit applied for:	Dance Permit - Lin	nited	
Applicant's Name:			
		mit to conduct a business that re ent site meets requirements for t	
Business Address:			
Name of Business:			
Type of Business:			
Contact phone number:	Residential		
	Business		
	Other		
() New permit () Rer	newal of permit ()New ad	ddress for business ()Existii	ng address for business
To be completed by Fire	e Department:	FIRE INS	PECTION
PERMIT USE	APPROVED	PERMIT USE	E NOT APPROVED
Signature		Date	
APPROVED OCCUPA	NT LOAD:		
COMMENTS:			



CITY OF SANTA BARBARA PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department 630 Garden Street

Planning Division

Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.

Monday through Friday, except holidays

Phone: 564-5470

Please present this complete	d form at the above address:
Date of Application:	
Type of Permit applied for:	Dance Permit - Limited
Applicant's Name:	
	oplying to the City for a permit to conduct a business that requires Planning/Zoning iew to determine the proposed or current site meets requirements for this type of
Business Address:	
Name of Business:	
Contact phone number:	Residential
	Business
	Other
() New permit () Rener	wal of permit () New address for business () Existing address for business
Land Use Zone:	
To be completed by Comm	PROVED PERMIT USE NOT APPROVED
Signature COMMENTS:	- Date



CITY OF SANTA BARBARA PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department 630 Garden Street

Public Works Department

Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m. Monday through Friday, except holidays

Phone: 564-5485

Please present this completed form at the above address: Date of Application: Type of Permit applied for: Dance Permit - Limited The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business. Business Address: Name of Business: Type of Business: Contact phone number: Residential _____ Business Other) New permit () Renewal of permit () New address for business () Existing address for business Building Type: _____ Building Permit Required: ____ Certificate of Occupancy Required: Occupancy Group: **PUBLIC WORKS OFFICIAL** To be completed by Public Works Department: **PERMIT USE APPROVED** PERMIT USE NOT APPROVED Signature Date COMMENTS:



INSTRUCTIONS FOR DRAWINGS

for submission to

COMMUNITY DEVELOPMENT DEPARTMENT Building and Safety Division 630 Garden Street

- 1. Site Plan with the following information and drawn in 1/8 or 1/4 inch scale:
 - a. Lot size.
 - b. All structures with building dimensions.
 - c. Show exits from subject structure and path of travel to the public way.
 - d. Number of existing parking spaces.
 - e. Indicate location and height of all walls and fences.
 - f. Any bicycle parking locations that serve the proposed site.
- 2. Floor Plan with the following information and drawn in 1/8 or 1/4 inch scale:

(You may also use an existing architectural floor plan of the building.)

- a. Identify size in square feet and use of all rooms/areas.
- b. Calculate the occupant loads (using California Building Code) for egress and minimum plumbing fixture requirements.
- c. Provide location and type of existing and proposed exit signs and illumination.
- d. Bars and restaurants shall show the following information:
 - 1. Seating plan and indicate number of seats, tables, booths, and bars.
 - 2. Dimension of the dance floor. Dance floor must be labeled.
 - Type of locking device on all exit doors.
 - 4. Swing of exit doors.

Any establishments with occupant loads in excess of 50 persons shall be equipped with internal or external illumination or self-luminous type exit signs.

Dancing is approved only in or upon areas, locations, or surfaces that are also approved for the occupant load.

LiveScan Information:

Owners, the Security Manager, and the General Manager are all required to undergo LiveScan fingerprinting. Please complete the following information for any/all person(s) listed in this application under those positions.

Name		Date of Birth			
Height:	eight: Weight:		lor:	Hair color:	
Place of Birth		-	Social Security		
Driver's License:		Phone	Phone Number:		
Address:		·			
Name			Date of B	sirth	
Height:	Weight:	Eye co	olor:	Hair color:	
Place of Birth			Social Se	ecurity	
Driver's License:		Phone	Number:		
Address:		·			
Name			Date of B		
Height:	Weight:	Eye co	olor:	Hair color:	
Place of Birth		·	Social Se	ecurity	
Driver's License:		Phone	Phone Number:		
Address:					
Name			Date of B	Birth	
Height:	Weight:	Eye co	olor:	Hair color:	
Place of Birth			Social Se	ecurity	
Driver's License:		Phone	Phone Number:		
Address:					
Name			Date of B		
Height:	Weight:	Eye co		Hair color:	
Place of Birth			Social Se	ecurity	
Driver's License:		Phone	Phone Number:		
Address:					