CITY OF SANTA BARBARA  
Dance Permit Application  
LIVE ENTERTAINMENT  

**Permit Conditions:** Max 3 nights/wk; dancing to cease by 1 a.m.; live music only, no amplification.

**NAME OF BUSINESS (dba):**

**Business Address:**

**Primary Contact:_________________**  **Title:_________________**  **Phone_________________**

**STEP 1** - Present the following to the Police Technician at 215 E. Figueroa St:

**Completed and signed Application Packet forms:**

- Terms of Application sheet
- Business Information
- Manager-Supervisor Information
- Applicant Information
- Arrest History
- Authorization to Release
- City Clearance forms, completed by each of the following agencies:
  - Planning Division – Community Development Department
  - Building and Safety – Community Development Department
  - Fire Department
  - Public Works Department

**Additional Documents required:**

- Floor plan including detailed dance floor specifications
- Copy of ABC license, if any
- Copy of Business License tax certificate
- Two passport-sized photos of applicant(s)

**Payment of fees - $1200 (CHECKS ONLY – No credit cards or cash)**

**STEP 2** – LIVESCAN appointment(s) at Police Department

- Upon payment of fees by applicant, Police Technician will schedule LIVESCAN appointments for **owner(s), General Manager, and Security Manager**.
- Applicant must report to the main lobby of the Police Department at **215 E. Figueroa** a minimum of 10 minutes prior to appointment time.
- Applicant must bring the LIVESCAN form, provided by the 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.

**STEP 5** - Public Meeting – Public comment/discussion regarding permit

Based on a review of all information provided and information gathered during the application process, issuance of this permit shall be:  **☐ Approved  ☐ Denied**

Date __________  Signature (Chief or designee):_________________  **Title:_________________**
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.

Applicant’s signature below indicates applicant’s complete understanding of the above information and terms of application.

Applicant Signature  Print Name  Date
Applicant Signature  Print Name  Date
Applicant Signature  Print Name  Date
Applicant Signature  Print Name  Date
CITY OF SANTA BARBARA
Dance Permit Application

**BUSINESS INFORMATION**

Name of Business (dba): ________________________________

Name of Applicant: ________________________________

Business Address: ________________________________

Business Phone: ________________________________

Name(s) of Manager(s): ________________________________

Contact Number(s) of Manager(s): ________________________________

Owner of Real Property: ________________________________

Property Owner’s Mailing Address: ________________________________

Property Owner’s Phone Number(s): ________________________________

Similar Business/es (name/city) with which Applicant is or was involved: ________________________________

Date business opened or will open: _______________ Expected age range of patrons: __________

Type(s) of music to be played during dance hours: ________________________________

Proposed days/hours of dancing (maximum 3 days): ________________________________

Maximum occupancy (confirmed on attached SBFD paperwork): ________________________________

Business Type:  
- [ ] Sole Proprietor  
- [ ] Partnership*  
- [ ] Corporation*  
- [ ] Limited Liability Co.*

* Please complete the information below for all persons with any financial interest in the dance establishment, including all partners, members, or stockholders (use a separate sheet if necessary).

1. 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): ________________________________
CITY OF SANTA BARBARA
Dance Permit Application – LIVE ENTERTAINMENT

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.

<table>
<thead>
<tr>
<th>Security Manager</th>
<th>Name:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has this person ever been convicted of a misdemeanor or felony?</td>
<td>☐ No ☐ Yes – listed below</td>
</tr>
<tr>
<td></td>
<td>Offense:</td>
<td>Date:</td>
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<td></td>
<td>Offense:</td>
<td>Date:</td>
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<td></td>
<td>Offense:</td>
<td>Date:</td>
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<tr>
<td></td>
<td>Is this person currently on: Probation?</td>
<td>☐ No ☐ Yes, thru _____</td>
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<tr>
<td></td>
<td>Manager Signature:</td>
<td>Date</td>
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</table>

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<tr>
<th>General Manager</th>
<th>Name:</th>
<th>Cell:</th>
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<td></td>
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<th>Cell:</th>
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</table>
# Dance Permit Application

**Full Name as listed on Driver’s License:**

**List A.K.A. (all “also known as” names):**

**Residence Address:**

**Mailing Address, if different:**

**Contact Phone(s):**

**CA Driver’s License:**

**Birth date:**

**Place of Birth:**

**Are you a U.S. citizen?**

- Yes
- No

**Length of time in Santa Barbara:**

**Length of time in CA:**

**Hair Color:**

**Eye color:**

**Height:**

**Weight:**

### List full addresses and dates for places of residence over the past 5 years, starting with most recent:

<table>
<thead>
<tr>
<th>Address</th>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>City/State/Zip</td>
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</table>

### List last five places of employment, starting with most recent:

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<tr>
<th>Address</th>
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<th>To</th>
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</thead>
<tbody>
<tr>
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</table>

**Applicant Signature:** ____________________________  **Date:** ____________________
ARREST HISTORY

Failure to list all arrests and citations may result in a denial of the application. This page MUST be completed by each owner. If there is no arrest history, write “NONE” or “N/A”.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place (City and State)</th>
<th>Reason (Violation)</th>
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</tbody>
</table>

Are you currently on probation?  
☐ No  ☐ Yes  Charges:  

Are you currently on parole?  
☐ No  ☐ Yes  Charges:  

Are you required to register per §290 PC as a sex registrant?
☐ No  ☐ Yes

Signature below indicates applicant understands that if any information requested on this form is misrepresented or omitted, it may be grounds for denial of the permit.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Print name:</th>
<th>Date:</th>
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</table>

The Police Technician verbally verified with applicant that:
☐ applicant’s answer is “none”  OR  ☐ applicant listed complete/entire arrest history

Police Technician Initials  Date:  

AUTHORIZATION TO RELEASE INFORMATION

to the City of Santa Barbara Police Department

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information deemed pertinent and necessary to the application process concerning my work records, education records, medical records, arrest history, and any information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release the City of Santa Barbara, individual employees involved in the application process, the organization, or others, from any liability or damage which may result from furnishing the information requested.

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</tbody>
</table>
Please present this completed form at the above address:

Date of Application: __________________________

Type of Permit applied for: Dance Permit – Live Entertainment

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: ___________________________________________________________

Contact phone number: Residential __________________________

Business __________________________

Other __________________________

( ) New permit ( ) Renewal of permit ( ) New address for business ( ) Existing address for business

To be completed by Community Development Department: BUILDING OFFICIAL

☐ PERMIT USE APPROVED

☐ PERMIT USE NOT APPROVED

Signature __________________________ Date __________________________

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: _________________________

Applicant’s Name: _________________________

The person named above is applying to the City for a permit to conduct a business that requires Fire Department 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

To be completed by Fire Department:

☐ PERMIT USE APPROVED

☐ PERMIT USE NOT APPROVED

Signature _________________________ Date _________________________

APPROVED OCCUPANT LOAD: _________________________

COMMENTS:
Please present this completed form at the above address:

Date of Application: ___________________________

Type of Permit applied for: Dance Permit – Live Entertainment

Applicant’s Name: ___________________________

The person named above is applying to the City for a permit to conduct a business that requires Planning/Zoning 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

Land Use Zone:

To be completed by Community Development Department: ZONING OFFICIAL

☐ PERMIT USE APPROVED ☐ PERMIT USE NOT APPROVED

Signature ___________________________ Date ___________________________

COMMENTS:
Please present this completed form at the above address:

Date of Application: ____________________________

Type of Permit applied for: **Dance Permit – Live Entertainment**

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: ____________________________

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: ____________________________

To be completed by Public Works Department:  

PUBLIC WORKS OFFICIAL

[ ] PERMIT USE APPROVED  [ ] PERMIT USE NOT APPROVED

Signature ____________________________  Date ____________________________

COMMENTS:
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.
      
      3. 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.**