

Dance Permit Application NIGHTCLUB PERMIT APPLICATION PACKET - CHECKLIST APPLICANT: Attach business card here, if applicable.

### NAME OF BUSINESS (dba):

#### Business Address:\_\_\_\_\_

rimary Contact <u>:</u>	Phone:	
STEP 1 - Present the followin	g to the Police Technician at 215 E. Figueroa St:	Date Stamp (Rec'd):
Completed and signed Applicatio	on Packet forms:	
<b>Business Information</b>		
Business Plan		Paid Stamp:
Owner Information		\$1200 - check paid to
Authorization to Release		Police Technician
Manager-Supervisor Informati	ion	
Security Plan		
Noise Mitigation Plan		
City Clearance forms. Applic agencies prior to submission	cant must have forms completed by each of the followir on of the application:	
Planning Division	Fire Department	DOJ Results □ Ownr 1 □Ownr 2
Building and Safety	Public Works Department	□ Ownr 3 □Ownr 4
Additional Documents required:		───── □ Security □Gen Mgr □ VDX □ □GUS
Floor plan including detailed d	Crime Stats Rec'd:	
Copy of ABC license, if any	Chine Stats Rec u.	
Copy of Business License tax	Dromice Wellthrough	
Two passport-sized photos of	business owner(s)	Premise Walkthrough:
Payment of fees - \$1200 (CHECK	S ONLY – No credit cards or cash)	F&P Commission Date:
Manager are required to be Live-S appointment, report to the main lob	Dintment(s) at Police Department - All Owners, Scanned. The Police Technician will provide applicant with by of the Police Department at <b>215 E. Figueroa</b> 10 minutes erson to be fingerprinted will pay a <b>\$25</b> "roll fee" at the time	n LiveScannonns. On the date of the sprior to appointment time. Bring the
Live Scan 1:	Appt:	Date Rec'd:
Live Scan 2:	Appt:	Date Rec'd:
Live Scan 3:	Date Rec'd:	
STEP 3 - Site visit by Police	e Dept. staff at a mutually agreed upon date/time	•
STEP 4 - Public Noticing by	• •	
	remise 14 days prior to mtg: Due Posted:	
-	prior to mtg to all properties within 200 feet of premise: Due	



**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.

Before submitting an application, you should be aware of the following subsection of Santa Barbara Municipal Code section 5.20.070:

**C. GROUNDS FOR DENIAL OF A NIGHTCLUB DANCE PERMIT.** The Board shall deny an application for a Nightclub Dance Permit only when it has evidence sufficient to make or one or more of the following findings for denial:

1. The applicant has made a false statement of material fact on the dance permit application or has omitted a material fact as part of the dance permit application.

2. The applicant or any person designated by the applicant to exercise on-site managerial control over the nightclub has been convicted of a crime substantially related to the qualifications, functions or required duties of a permittee within the past five years.

3. The operation of a nightclub at the proposed permit location will interfere with the peace and quiet of a substantial number of persons living in residential dwellings in the vicinity of the dance permit location such that it would deprive the occupants of such dwellings of the reasonable and use enjoyment of their residential property.

4. The building within which the nightclub will be located is inappropriate or unworkable for its intended nightclub use because it will be inadequate for some or all of the following reasons: a. it will not provide adequate noise control necessary to restrict the noise of the dance club to within the structure; b. it lacks the appropriate and necessary ingress and egress for entering or exiting the structure in terms of its occupancy limitations and the applicable fire code requirements.

5. The proposed plan for maintaining security at the nightclub is inadequate.

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	



Dance Permit Application

## **BUSINESS INFORMATION**

Business Name (dba):		
Business address:	Premise Phone:	
Corporation or LLC name (if applicable):		
Contact Person's Name:		Contact Phone:
Mailing Address:		
Owner of Real Property:		Property Owner's Phone:
Property Owner's Mailing Address:		
Date opened:	Business hours:	ABC license type:
▲		
Business Type: Sole Proprietor	· 🗌 Partnership* 🔲 Corp	poration*  Limited Liability Co.*
* Please complete the information belo including all partners, members, or stor		<u>r financial interest in the dance establishment,</u> sheet if necessary).
Name:	Title:	Ownership percentage:
Permanent Address:		Phone:
Name:	Title:	Ownership percentage:
Permanent Address:		Phone:
Name:	Title:	Ownership percentage:
Permanent Address:		Phone:
Name:	Title:	Ownership percentage:
Permanent Address:		Phone:
Name:	Title:	Ownership percentage:
Permanent Address:	I	Phone:



**Dance Permit Application** 

## **BUSINESS PLAN**

Proposed days and hours of dancing:						
Mon Tues Weds Thurs Fri Sat Sun						

Maximum Occupancy per SB Fire Dept:	Expected age range of patrons:
Type(s) of music during dance hours:	<u> </u>

Applicant's statement of business goals:

Applicant's strategy for achieving the above business goals:

Applicant Signature	Print Name	Date
Applicant Signature	Print Name	Date
Applicant Signature	Print Name	Date
Applicant Signature	Print Name	Date

	OF SANT Dance Permit OWNER INFO	Application RMATION		ice Use: (Photo)
Applicant Name:				
List A.K.A. (all "also known as" n	ames):		L	
Residence Address:				
Mailing Address, if different:				
Contact Phone(s):		Social Security #	:	
CA Driver's License:		Birth date:		
Place of Birth:		Are you a U.S. c	tizen? 🗌 Yes [	No
Length of time in Santa Barbara:		Length of time in	CA: yrs	months
Hair Color: Eye	color:	Height: ' '	' Weig	ht: 1bs
Have you ever been convicted of	a misdemeanor or felon	/? □ No	Yes – listed be	elow
Offense:	Da		Disposition:	
Offense:	Da	te:	Disposition:	
Offense:	Da	te:	Disposition:	
Are you currently on: Prot	oation? 🗌 No 📋 Yes, tl	hru	Parole? 🗌 No	Yes thru
List full addresses and dates for Address: City/State/Zip	or places of residence	over the past 5 y	From:	To:
Address:			<b></b>	<b></b>
City/State/Zip			From:	To:
Address:				
City/State/Zip			From:	To:
List last five places of employr	nent, starting with mos	st recent:		
Company Name:			From:	To:
Address:			Phone:	
Company Name:			From:	To:
2 Address: Phone:				
Company Name:		From:	To:	
3 Address:			Phone:	
Company Name:			From:	To:
4 Address:			Phone:	
Company Name:			From:	To:
5 Address:			Phone:	
			I	

Californith Eac	OF SANTA ance Permit Ap <b>WNER INFOR</b> th owner must complete a Make copies as needed for mu	plication MATION separate sheet.	ARA	ffice Use: (Photo)
Applicant Name:				
List A.K.A. (all "also known as" nam	es):			
Residence Address:				
Mailing Address, if different:				
Contact Phone(s):	Sc	ocial Security #:		
CA Driver's License:	Bi	rth date:		
Place of Birth:	Ar	re you a U.S. citi	zen? 🗌 Yes	No
Length of time in Santa Barbara:	Le	ength of time in (	CA: yrs	months
Hair Color: Eye co	lor: He	eight: ' "	We	ight: 1bs
Have you ever been convicted of a	misdemeanor or felony?	🗌 No 🛛	Yes – listed	below
Offense:	Date:	I	Disposition:	
Offense:	Date:		Disposition:	
Offense:	Date:	ļ	Disposition:	
Are you currently on: Probati	ion? 🗌 No 📋 Yes, thru		Parole? 🗌 No	o  ☐ Yes thru
List full addresses and dates for p	places of residence ove	er the past 5 ye	ars, starting w	ith most recent:
Address:				
City/State/Zip			From:	To:
Address:				
			From:	To:
City/State/Zip				10.
City/State/Zip Address:				10.
Address:			From:	To:
Address: City/State/Zip	at starting with most re			
Address: City/State/Zip List last five places of employme	nt, starting with most re	eent:	From:	To:
Address: City/State/Zip List last five places of employmen Company Name:	nt, starting with most re	ecent:		
Address: City/State/Zip List last five places of employmen Company Name: Address:	nt, starting with most re	ent:	From: From: Phone:	To: To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name:	nt, starting with most re	ecent:	From: From:	To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name:	nt, starting with most re	ent:	From: From: Phone: From:	To: To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name: Address:	nt, starting with most re	ent:	From: From: Phone: From: Phone:	To: To: To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name: Address: Company Name: Address: Company Name: Address: Company Name:	nt, starting with most re	ent:	From: From: Phone: From: Phone: From:	To: To: To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name: Address: Company Name: Address: Address: Address:	nt, starting with most re	ent:	From: From: Phone: From: Phone: From: Phone:	To: To: To: To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name: Address: Company Name: Address: Company Name: Address: Company Name: Address:	nt, starting with most re	ecent:	From: From: Phone: From: Phone: From: Phone: From: Phone:	To: To: To: To: To:
Address: City/State/Zip List last five places of employment Company Name: Address: Company Name: Address: Company Name: Address: Company Name: Address: Company Name: Address:	nt, starting with most re	ecent:	From: From: Phone: From: Phone: From: Phone: From: From:	To: To: To: To:



**Dance Permit Application** 

### AUTHORIZATION TO RELEASE INFORMATION to the

**City of Santa Barbara Police Department** 

## This page must be signed by <u>all</u> owners.

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 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.

Owner Signature	Print Name	Date
Owner Signature	Print Name	Date
Owner Signature	Print Name	Date
Owner Signature	Print Name	Date
Owner Signature	Print Name	Date



### CITY OF SANTA BARBARA Dance Permit Application

### MANAGER-SUPERVISOR INFORMATION

Please list the names and contact phone numbers of <u>all</u> 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 and must sign in designated area [SBMC §5.20.050(A)(9)]. Attach an additional page for multiple managers and/or supervisors, if necessary. Applicant may not complete the information and/or sign on behalf of manger(s). Manager and/or Supervisor signature below indicates that arrest history is complete and true. The undersigned further agrees to release any and all information deemed pertinent and necessary to the application process, including information of a confidential and privileged nature, to the City of Santa Barbara.

Signature below indicates understanding of and agreement to the following statement of release: "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."

Security Manager and General Manager are required to be fingerprinted [SBMC §5.20.050(A)(12) ].

Security Manager: Full name as it appears on Driver's License:						
Address:						
Date of Birth:		Social Security:			Driver's L	icense:
Height:	Weight:	Eye Color:		Hair Color:		
Place of birth:		Cell:				
Has this person ever been	convicted of	of a misdemeano	or or felony?	No	🗌 Yes – lis	sted below
Offense:	Date:		Date:		Disposition:	
Offense:		I	Date:		Dispositior	1:
Is this person currently on:	Probation	? 🗌 No 📋 Yes,	thru		Parole?	No 🗌 Yes thru
Signature:						Date
General Manager: Full r	name as it a	ppears on Drive	r's License:			
Address:						
Date of Birth:		Social Security:			Driver's License:	
Height:	Weight:		Eye Color:			Hair Color:
Place of birth:			Cell:		I	
Has this person ever been	convicted of	of a misdemeand	r or felony?	No	🗌 Yes – lis	sted below
Offense:		I	Date:		Disposition	):
Offense:		I	Date:		Disposition:	
Is this person currently on:	Probation	P 🗌 No 📋 Yes,	thru		Parole?	No 🗌 Yes thru
Signature:	•					Date
Manager/Supervisor:	Name:				Cell:	
Date of Birth:		Social Security:			Driver's License:	
Has this person ever been	convicted o	of a misdemeand	or or felony?	🗌 No	I Yes – li:	sted below
Offense: Date:		Date:		Disposition:		
Offense:			Date:		Disposition:	
Is this person currently on:	Probation	I? 🗌 No 🗌 Yes	s, thru		Parole?	No 🗌 Yes thru
Signature:	1				1	Date
						-



Dance Permit Application

## NOISE MITIGATION PLAN

Number of interior speakers:	Number of exterior speakers:
Was the sound system recer	ntly altered or upgraded? No Yes (complete the following):
Upgrade date:	Description of upgrade:
Please note in detail any doo	brs and windows expected to be open during hours of dancing:
List any interior design and/o	or structural features that specifically address noise issues:
List the size and location of e	each patio or outdoor area:
Give a brief description of the	e establishment's plan to mitigate adverse noise issues:
	dicating where all speakers, TV's, video monitors, audio and c jockey booth(s), and stage(s) are located. All exterior doors and as well.



**Dance Permit Application** 

## SECURITY PLAN

Minimum number of security guards		vhen:			
to be on premise during hours of		vhen:			
dancing (maximum of 3 tiers):	#: v	#: when:			
Security Manager - name(s) and contact phone number(s)*:					
Name:			Phone:		
Name:			Phone:		
Description of Security Uniform/Clothir	ng:				
Method of communication between se	curity gua	ards:			
Training requirements for security pers	sonnel:	Nur	nber of security cameras in use:		
and interior) during dance hours, and w			security guards will be stationed (exterior cameras, if any, are located:		

\* Contact names and phone numbers must be kept current with the SBPD at all times. If any changes occur following issuance of the permit, the Police Technician must be notified immediately.



PROPOSED PERMIT USE CLEARANCE FORM

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 - Nightclub				
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 Community Development Department: BUILDING OFFICIAL				
PERMIT USE APPROVED     PERMIT USE NOT APPROVED				
Signature     Date				



### **PROPOSED PERMIT USE CLEARANCE FORM**

Community Development Department 630 Garden Street

Fire Department – Fire Inspection

Fire business hours are 1:00 p.m. to 2:00 p.m. Monday through Friday, except holidays Phone: 564-5485 for appointment

Please present this completed form at the above address:

Date of Application:

Type of Permit applied for: Dance Permit - Nightclub

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.

To be completed by Fire Department:	FIRE INSPECTION
PERMIT USE APPROVED	PERMIT USE NOT APPROVED
Signature	Date
APPROVED OCCUPANT LOAD(S):	
COMMENTS:	



### **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 completed form at the above address:					
Type of Permit applied for:	Dance Pe	<u>ermit - Nightclu</u>	ub		
Applicant's Name:					
The person named above is Division approval. Please re business.					
Business Address:					
Name of Business:					
Type of Business:					
Contact phone number:					
	_				
	Other _			_	
( ) New permit ( ) Rer	newal of permit	() New address	for business ()E	xisting address for business	
Land Use Zone:					
To be completed by Com	-	Iopment Departme	_	G OFFICIAL	
		·			
Signature			Date		
COMMENTS:					



### **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 - Nightclub** 

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:		
Type of Business:		
Contact phone number:	Residential	
	Business	
	Other	
() New permit () Re	enewal of permit (	) New address for business ( ) Existing address for business
Building Type:		Building Permit Required:
Certificate of Occupancy R	equired:	Occupancy Group:
To be completed by Put	blic Works Departm	nent: PUBLIC WORKS OFFICIAL
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.
    - 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.