



CITY OF SANTA BARBARA

Dance Permit Renewal Application

Nightclub Dance Permit Renewal

Date Stamp (Rec'd):

City Stamp/Paid

\$400 – 30+ days before exp
\$500 – within 30 days of exp

Paid to Police Technician

ONLY MAIL CHECKS

Completed applications may be submitted in person to the Police Technician at
215 E. Figueroa St, Santa Barbara, CA 93101

If no changes in ownership or management since previous application, you may mail the completed application, including completed Fire Inspection Sheet signed by an authorized representative of the Fire Department to:
SBPD Dance Permits, PO Box 539, Santa Barbara, CA 93102

Business Name (dba): _____

Business Address: _____

Primary Contact: _____ Phone: _____ Permit Exp: _____

Required application packet forms:

- Terms of Application (below) signed
 - Owner Information sheet
 - Fire Dept. Premise Inspection – applicant must contact Fire Dept to complete the form prior to submission.
 - Manager-Supervisor Information sheet
 - Live Scan Information, if applicable
- Fire Dept. Inspection Completed: _____

Payment of renewal fee (Checks made payable to "City of Santa Barbara"; cash or credit accepted in person only)

- \$400** – 30 or more days prior to current permit expiration
- \$500** – within 30 days of the expiration. Any renewal applications received after the expiration date will need to re-submit as a new dance permit applicant. New dance permit applications can be obtained online at www.santabarbaraca.gov/business/business-permits.com.

TERMS OF APPLICATION – Must be signed by all Owners
(Copy for additional signature space if premise has more owners).

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 Department. Incomplete application packets will not be accepted. Failure to fully disclose all requested information may result in denial of the permit.

Each 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.

The permit application fee is non-refundable. You will not receive a refund of fees even in the event you are denied a permit (per SBMC §5.20.070), you withdraw your application; or you fail to complete the permit process.

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

Owner signature: _____ Owner Signature: _____

Owner signature: _____ Owner Signature: _____

Owner signature: _____ Owner Signature: _____

OFFICE USE ONLY

LiveScans: Name: _____ Date Rcd _____ Name: _____ Date Rcd: _____

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

- Approved with all conditions as listed on previous permit
- Approved with a change of conditions (see attached)
- Denied
- Referred to the Fire & Police Commission; meeting date: _____

Chief of Police, or designee: _____ Date: _____



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OWNER INFORMATION

Name of Business (dba): _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____

Business Type: Sole Proprietor Partnership Corporation Limited Liability Co.

Corporation or LLC Name: _____

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). * Use additional sheets if necessary. Failure to list all owners may result in denial of the application.

1.	Full Name as it appears on Driver License:		
	Title:	Ownership Interest:	%
	Contact Phone:	Driver's License:	Date of Birth:
	Permanent Address:		
2.	Full Name as it appears on Driver License:		
	Title:	Ownership Interest:	%
	Contact Phone:	Driver's License:	Date of Birth:
	Permanent Address:		
3.	Full Name as it appears on Driver License:		
	Title:	Ownership Interest:	%
	Contact Phone:	Driver's License:	Date of Birth:
	Permanent Address:		
4.	Full Name as it appears on Driver License:		
	Title:	Ownership Interest:	%
	Contact Phone:	Driver's License:	Date of Birth:
	Permanent Address:		

* A new application is required for ownership changes of 25% or greater. [SBMC §5.20.130(A)].



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MANAGER-SUPERVISOR INFORMATION

List the names and contact phone numbers of all persons designated as having day-to-day management and supervision authority over the proposed dance establishment. Use a separate sheet if necessary.

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)]. Applicant **may not** sign on behalf of manger(s). Manager/Supervisor signature below indicates that arrest history is complete and true. Each 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.

Failure of a manager or supervisor to fully and accurately disclose the below information may result in a denial of the application. If necessary, managers should contact applicable law enforcement agencies to obtain a full personal criminal history report, which they may attach to this sheet.

Signature in the below section 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:	Full Name as it appears on Driver's License:		
Other names used (nicknames, maiden name, etc):			Cell:
Date of Birth:	Social Security:	Driver's License:	
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes – listed below			
Offense:	Date:	Disposition:	
Offense:	Date:	Disposition:	
Is this person currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _	
Signature:			Date

General Manager:	Full Name as it appears on Driver's License:		
Other names used (nicknames, maiden name, etc):			Cell:
Date of Birth:	Social Security:	Driver's License:	
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes – listed below			
Offense:	Date:	Disposition:	
Offense:	Date:	Disposition:	
Is this person currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____	
Signature:			Date

Manager/Supervisor:	Name:	Cell:	
Date of Birth:	Social Security:	Driver's License:	
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes – listed below			
Offense:	Date:	Disposition:	
Offense:	Date:	Disposition:	
Is this person currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes, thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____	
Signature:			Date



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LIVE SCAN INFORMATION

Complete page only if changes in ownership/management since last application

All Owners, the Security Manager, and the General Manager are required to undergo LiveScan fingerprinting [SBMC §5.20.050(A)(12)].

If a change of ownership has occurred, or a new Security Manager, or new General Manager has been hired since the previous application, the below information must be completed and a Live Scan appointment must be made through the Police Technician. A new permit cannot be issued until this requirement is met.

New Owner New General Manager New Security Manager

Name as it appears on Driver's License:			
Alias/AKA:		Date of birth:	
Height:	Weight:	Eye color:	Hair color:
Driver's License:	Place of Birth: (State/Country)		Social Security:
Address:		Phone:	

New Owner New General Manager New Security Manager

Name as it appears on Driver's License:			
Alias/AKA:		Date of birth:	
Height:	Weight:	Eye color:	Hair color:
Driver's License:	Place of Birth: (State/Country)		Social Security:
Address:		Phone:	

New Owner New General Manager New Security Manager

Name as it appears on Driver's License:			
Alias/AKA:		Date of birth:	
Height:	Weight:	Eye color:	Hair color:
Driver's License:	Place of Birth: (State/Country)		Social Security:
Address:		Phone:	

Must be completed by Fire Department prior to submission of application.

This page required with EVERY renewal.



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Community Development Department
630 Garden Street

Fire Department – Fire Inspection

Fire business hours: 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 - Renewal**

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: Cell: _____

Business: _____

To be completed by Fire Department representative:

PREMISE INSPECTION

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

APPROVED OCCUPANT LOAD (1): _____ conditions: _____

OCCUPANT LOAD (2): _____ conditions: _____

Name/Title (print): _____ Initial _____ Date: _____

COMMENTS: