

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					
Applicant Information	City Stamp/Paid				
Manager-Supervisor Information	\$600 – Paid to				
Arrest History & Authorization to Release	Police Technician				
City Clearance forms, completed by each of the following agencies:					
Planning Division – Community Development Department					
Building and Safety – Community Development Department	□ DOJ DELAY				
Fire Department	□ DOJ □ BSTD/VDX				
Public Works Department	RMS GUS				
Additional Documents required:	Crime Stats Rec'd:				
Floor plan including detailed dance floor specifications					
Copy of ABC license, if any	NET Sgt recommendation:				
Copy of Business License tax certificate	☐ No issues☐ Comments/Concerns*				
Two passport-sized photos of applicant(s)/owners	*Explanation on back.				
Payment of fees - \$600 (CHECKS ONLY – No credit cards or cash)	Initials: Date:				
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 a minimum of 10 minutes prior to appointment time. - Applicant must bring the LIVESCAN form, provided by Police Technician, and payment receipt to appointment.	Premise Walkthrough: SBPD Permit Exp:				
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 p	posted:)				
STEP 5 - Public Meeting — Public comment/discussion regarding permit					
Based on a review of all information provided and information gathered during the issuance of this permit shall be:	e 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 range of patrons:
Type(s) of music to be played during dance hours:	
Proposed days/hours of dancing (maximum 12 days	per year):
1. Date: Hrs:	7. Date: Hrs:
2. Date: Hrs: 3. Date: Hrs:	8. Date: Hrs: 9. Date: Hrs:
4. Date: Hrs:	10. Date: Hrs:
5. Date: Hrs: 6. Date: Hrs:	11. Date: Hrs: 12. Date: Hrs:
Maximum occupancy (confirmed on attached SBFD	paperwork):
Business Type: ☐ Sole Proprietor ☐ Partnership*	☐ Corporation* ☐ Limited Liability Co.*
* Please complete the information below for all perso including all partners, members, or stockholders (use	ns with any financial interest in the dance establishmen a separate sheet if necessary).
Name & Title, if applicable:	%
Permanent Address:	
Phone Number(s):	
2. Name & Title, if applicable:	
Permanent Address:	
Phone Number(s):	
3. Name & Title, if applicable:	
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 beer	n convicted of a misdemear	nor or felony? \Begin{array}{c} No	Yes – lis	ted below
Offense:		Date:	Disposition	:
Offense:		Date:	Disposition:	
Offense:		Date:	Disposition	:
Is this person currently on	: Probation? No Ye	es, thru	Parole?	No Yes thru
Manager Signature:				Date
General Manager:	Name:		Cell	
Has this person ever beer	n convicted of a misdemear	nor or felony? \Begin{array}{c} \Boxed \text{No}	Yes – lis	ted below
Offense:		Date:	Disposition	:
Offense:		Date:	Disposition	:
Offense:		Date:	Disposition	:
Is this person currently on	: Probation? No Ye	es, thru	Parole?	No Yes thru
Manager Signature:	•			Date
Manager/Supervisor:	Name:		Cell	
Has this person ever beer	convicted of a misdemean	nor or felony? No	Yes – lis	ted below
a p 5	Toonvioled of a misdemedi	ioi oi iciony: Livo		
Offense:	Toonvioled of a misdeffical	Date:	Disposition	:
·	Toomice of a misdemean	, ,	Disposition Disposition	
Offense:	Toonvioled of a misdemean	Date:	•	:
Offense:		Date:	Disposition	:
Offense: Offense:		Date: Date: Date:	Disposition Disposition	:
Offense: Offense: Offense: Is this person currently on Manager Signature:		Date: Date: Date:	Disposition Disposition	: :] No
Offense: Offense: Offense: Is this person currently on Manager Signature: Manager/Supervisor:	: Probation? ☐ No ☐ Ye	Date: Date: Date: es, thru	Disposition Disposition Parole?	: :] No
Offense: Offense: Offense: Is this person currently on Manager Signature: Manager/Supervisor:	: Probation? ☐ No ☐ Ye	Date: Date: Date: es, thru	Disposition Disposition Parole?	: : : : : : : : : : : : : : : : : : :
Offense: Offense: Offense: Is this person currently on Manager Signature: Manager/Supervisor: Has this person ever beer	: Probation? ☐ No ☐ Ye	Date: Date: Date: es, thru	Disposition Disposition Parole? Cell Yes – lis	: : : : : : : : : : : : : : : : : : :
Offense: Offense: Offense: Is this person currently on Manager Signature: Manager/Supervisor: Has this person ever beer Offense:	: Probation? ☐ No ☐ Ye	Date: Date: Date: es, thru nor or felony?	Disposition Disposition Parole? Cell: Yes – lis Disposition	No Yes thru Date ted below
Offense: Offense: Offense: Is this person currently on Manager Signature: Manager/Supervisor: Has this person ever beer Offense: Offense:	Probation? No Ye Name: convicted of a misdemear	Date: Date: Date: es, thru nor or felony? No Date: Date: Date:	Disposition Disposition Parole? Cell Yes – lis Disposition Disposition	No Yes thru Date ted below



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:						
Mailing Address, if diff	ferent:					
Contact Phone(s): Social Security #:						
CA Driver's License:						
Place of Birth:	ace of Birth: Are you a U		J.S. citizen?	☐ Yes ☐ No		
Length of time in Sant	gth of time in Santa Barbara: Length of time in CA: yrs		yrs mo	nths		
Hair Color:	Eye color:	Height: '	"	Weight:	1bs	
List full addresses a Address:	nd dates for places of res	idence over the pas	st 5 years, st	arting with most	recent:	
City/State/Zip			From:	To:		
Address:			1.10			
City/State/Zip			From:	To:		
Address:			1			
City/State/Zip			From:	To:		
Address:						
City/State/Zip			From:	From: To:		
Address:						
City/State/Zip			From:	To:		
List last five places of employment, starting with most recent:						
Address:						
City/State/Zip			From:	To:		
Address:			·			
City/State/Zip			From:	To:		
Address:						
City/State/Zip			From:	To:		
Address:						
City/State/Zip			From:	To:		
Address:						
City/State/Zip			From:	To:		
Applicant Signature: _				Da	ate:	

Separate Sheet Must Be Completed by EACH owner



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. If there is no arrest history, write "NONE" or "N/A".

	Place (City and Stat	e)	Reason (Violation)
			•
e you curre			arole? No Yes thru
re you requ	ired to register pursuant to S	ection 290 Penal Code	(ie. sex registrant)? \(\subseteq \text{No} \subseteq \textbf{Yes} \)
nis form	is misrepresented or on	nitted, it may be gro	ounds for denial of the permit.
rinted (C	Owner's Full Name)	Signature	Date
			ed complete/entire arrest history
	ant's answer is "none" Cechnician Initials	PR	ed complete/entire arrest history
	ant's answer is "none" Cechnician Initials	PR	
As an ap of any army work	AUTHORIZATION AU	Date: Date: Date: ON TO RELEASE thin the City of Santa pertinent and necessary s, medical records, ar	ed complete/entire arrest history
As an ap of any army work confiden I hereb applicat	AUTHORIZATION AU	Date: Date: ON TO RELEASE thin the City of Santa pertinent and necessary s, medical records, are city of Santa Barbara Santa Barbara, indition, or others, from	E INFORMATION Barbara, I hereby authorize the releasy to the application process concerning rest history, and any information of

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

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 - Limited 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 FIRE INSPECTION To be completed by Fire Department: PERMIT USE APPROVED **PERMIT USE NOT APPROVED** Date Signature APPROVED OCCUPANT 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 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 Planning/Zoning Division approval. Please review to determine the proposed or current site meets requirements for this type or 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:					



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