





# CITY OF SANTA BARBARA

## 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.

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



# CITY OF SANTA BARBARA

## 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: _____	8. Date: _____	Hrs: _____
3. Date: _____	Hrs: _____	9. Date: _____	Hrs: _____
4. Date: _____	Hrs: _____	10. Date: _____	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\*  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: \_\_\_\_\_ %

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): \_\_\_\_\_



# CITY OF SANTA BARBARA

## 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.

<b>Security Manager:</b>	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b> – listed below		
Offense:	Date:	Disposition:
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 _____
Manager Signature:		Date
<b>General Manager:</b>	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b> – listed below		
Offense:	Date:	Disposition:
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 _____
Manager Signature:		Date
<b>Manager/Supervisor:</b>	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b> – listed below		
Offense:	Date:	Disposition:
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 _____
Manager Signature:		Date
<b>Manager/Supervisor:</b>	Name:	Cell:
Has this person ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b> – listed below		
Offense:	Date:	Disposition:
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 _____
Manager Signature:		Date



# CITY OF SANTA BARBARA

## Dance Permit Application

Office Use: (Photo)

### OWNER INFORMATION

Please complete one sheet per OWNER.

Applicant Name:			
List A.K.A. (all "also known as" names):			
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. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of time in Santa Barbara:		Length of time in CA:    yrs    months	
Hair Color:	Eye color:	Height:    '    "	Weight:    lbs

**List full addresses and dates for places of residence over the past 5 years, 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:

**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: \_\_\_\_\_ Date: \_\_\_\_\_

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".

Date	Place (City and State)	Reason (Violation)
Are you currently on:	Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____	Parole? <input type="checkbox"/> No <input type="checkbox"/> Yes thru _____
Are you required to register pursuant to Section 290 Penal Code (ie. sex registrant)? <input type="checkbox"/> No <input type="checkbox"/> 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.**

\_\_\_\_\_  
Printed (Owner's Full Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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.

\_\_\_\_\_  
Printed (Owners's Full Name)

\_\_\_\_\_  
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: **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: \_\_\_\_\_

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*



# CITY OF SANTA BARBARA

## 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**

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:

**FIRE INSPECTION**

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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 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:



# 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**    

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:**



# CITY OF SANTA BARBARA

## 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.**

### 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 color:	Hair color:
Place of Birth		Social Security	
Driver's License:		Phone Number:	
Address:			

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

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

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

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