



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:
	<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> - 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	

Date Stamp (Rec'd):
City Stamp/Paid \$1200 – Paid to Police Technician
<input type="checkbox"/> DOJ DELAY _____
<input type="checkbox"/> DOJ <input type="checkbox"/> BUSTED <input type="checkbox"/> RMS <input type="checkbox"/> GUS
Crime Stats Rec'd:
NET Sgt recommendation: <input type="checkbox"/> No issues <input type="checkbox"/> Comments/concerns* <small>*Explanation on back.</small>
Initials:
Date:
Premise Walkthrough:
F&P Commission Date:
SBPD Permit Exp:

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: _____



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.

Security Manager:	Name:	Cell:
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:
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
General Manager:	Name:	Cell:
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:
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
Manager/Supervisor:	Name:	Cell:
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:
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
Manager/Supervisor:	Name:	Cell:
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:
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 – Page 1

Please complete ONE SHEET PER OWNER.

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):		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:	
Hair Color:	Eye color:	Height:	Weight:

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: _____



CITY OF SANTA BARBARA

Dance Permit Application

OWNER INFORMATION – Page 2

Separate page required for each owner

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".

Date	Place (City and State)	Reason (Violation)
Are you currently on probation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Charges:
Are you currently on parole?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Charges:
Are you required to register per §290 PC as a 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.

Signature:	Print name:	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

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.

Signature:	Print name:	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 – 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 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 – Live Entertainment**

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
<input type="checkbox"/> PERMIT USE APPROVED	<input type="checkbox"/> 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 – 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:



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 – 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:



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.