

Burlingame Police Department Entertainment Permit Application



1111 Trousdale Dr., Burlingame CA 94010 (650) 777-4100

Name Of Business: _____ Business Telephone #: _____

Street Address: _____

Mailing Address: _____

For all notices regarding permit

The business is: Individually Owned General Partnership Limited Partnership Corporation* Other
* If the business is a corporation, attach proof that corporation is in good standing under the laws of California

Applicant's Full Name: _____
Last, First Middle Aliases

Street Address: _____

Home Telephone #: _____ Cell Telephone #: _____ Date Of Birth: _____

Email: _____ Driver's License #: _____ State: _____

Property Owner's Full Name (if Different): _____

Street Address: _____ Telephone #: _____

As property owner, I know about the proposed amusement, and hereby authorize the above applicant to submit this application.

Property Owner Signature

Date

Primary Type Of Business: _____ Private Parking Spaces On Site: _____

Hours Of Operation: _____ Hours Of Amusement/Music: _____

Do you plan to serve alcohol on premises? No Yes Liquor License Type: _____

Date Of Expiration Of Liquor License: _____ Liquor License #: _____

Have you ever had a liquor license revoked or suspended? No Yes

Have you ever had an amusement or entertainment permit revoked or suspended? No Yes

Brief Description Of Entertainment: _____

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Description of Security Measures: _____

Security On Premises When Business Is Open: No Yes

Special Lighting System: No Yes Strobe Lighting: No Yes

Description of Lighting: _____

Dance Floor: No Yes Size: _____ Inside or Outside: _____

Live Music: No Yes DJ: No Yes Sound System: No Yes

Alarm Permit On File: No Yes Emergency Contact Information On File: No Yes

Restrictions On Use, Age, Hours: _____

The application shall include a sketch or diagram showing the interior configuration of the premises, including a statement of the total floor area occupied by the entertainment business. The sketch or diagram need not be professionally prepared, but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus one foot.

The application shall include a description of the lighting to be provided inside the entertainment business; a sketch or site plan depicting the lighting and security measures to be provided at all entrances and exits to the business; and a sketch of the site plan of any private parking areas that will serve the entertainment business and the lighting and security measures to be provided at those areas.

The application shall describe the type of security and crowd management to be provided for the entertainment business. This description shall specifically describe procedures for admitting and re-admitting patrons, checking identification, enforcing dress codes, and removal of unruly patrons from the premises.

Attach a letter further describing details of your business and proposed amusement. Return this completed form with \$96.00 check, payable to CITY OF BURLINGAME, for application fee. This fee is nonrefundable.

Signature Of Applicant

Date

Burlingame Police Department

[] Not Applicable

Entertainment Permit Application - Partnership Ownership Supplement

If the applicant is a partnership, the partners shall state:

Partnership's Complete Name: _____

Partnership's Address: _____

Partner's Full Name: _____
Last, First Middle

Street Address: _____
Number/ Street City Zip

Partner's Full Name: _____
Last, First Middle

Street Address: _____
Number/ Street City Zip

Partner's Full Name: _____
Last, First Middle

Street Address: _____
Number/ Street City Zip

Partner's Full Name: _____
Last, First Middle

Street Address: _____
Number/ Street City Zip

Partner's Full Name: _____
Last, First Middle

Street Address: _____
Number/ Street City Zip

Partner's Full Name: _____
Last, First Middle

Street Address: _____
Number/ Street City Zip

Signature Of Applicant

Date

Burlingame Police Department

[] Not Applicable

Entertainment Permit Application - Corporation Ownership Supplement

If the applicant is a corporation, the directors shall state:

Corporation's Complete Name: _____

Corporation's Address: _____

Date Of Incorporation: _____

Name Of Registered Corporate Agent: _____

Address Of Registered Corporate Agent: _____

Names Of All Corporate Officers

Officer's Full Name: _____
Last, First Middle Capacity

Names Of All Corporate Directors

Directors' Full Name: _____
Last, First Middle

Signature Of Applicant

Date