

**ENTERTAINMENT PERMIT
 APPLICATION**

REQUEST: New Application
 Change in Application

PROJECT NO.	
CASE NO.	

Name of Business: _____

Type of Business: _____

Business Address: _____

Mailing Address, if different: _____ Phone No.: _____

Business Days and Hours of Operation: _____

Age of Participants: _____ Anticipated number of participants: _____

Will alcoholic beverages be sold, served or consumed on the premises where the activity is to be held? YES NO

Has a State Liquor License been issued? YES NO To whom? _____

License No. _____ **(PROVIDE A COPY OF LICENSE & CONDITIONS)**

Describe in DETAIL the type and nature of the activity proposed:

Type of Entertainment/Music: _____

Will music be amplified? YES NO

Days and Hours of **Entertainment:** _____

Have you conducted activities of the type requested before: YES NO

Location: _____

Name, address, telephone number of reference: _____

PROPERTY OWNER AUTHORIZATION:

Name In which property held (print)

Phone Number

Mailing Address

City

State

Zip Code

I hereby certify that the information herein and any exhibits and supplement forms herewith submitted are true and correct to the best of my knowledge.

Property Owner's Signature

Print Name/Title

Date

APPLICANT: If you have ever been convicted of an offense against the law or are now under charges for any offense against the law, please attach a separate sheet providing the following information for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You may omit: (1) traffic violations for which you paid a fine of \$30 or less, and (2) any offense committed before the age of your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law.

Applicant's Name (print)

Driver's License No.

Residence Address

City

State

Zip Code

Email Address

Phone No.

Fax No.

Applicant Signature

Date

Applicant required to obtain prior to submittal. Contact: Officer Bernadette Compean (805) 339-4453

Ventura Police Department Review:

Approved by: _____ Date _____

Standard Conditions Additional Conditions (Attached)

INCOMPLETE APPLICATIONS OR POOR QUALITY GRAPHICS WILL NOT BE ACCEPTED.

HOURS:

Monday, Tuesday, Wednesday and Friday, 7:30 a.m. to 5:00 p.m.
Thursday 9:00 a.m. to 5:00 p.m. Closed alternate Fridays.
Check City website at www.cityofventura.net

LOCATION:

Ventura City Hall, 501 Poli Street, Room 117

PHONE:

(805) 654-7725

MAILING ADDRESS:

P.O. Box 99, Ventura, CA 93002-0099

This document is available in alternate formats by calling the City of Ventura Community Development Department at 805/654-7894 or by contacting the California Relay Service.