



Live Entertainment Application

Type of Application

New

Prior Planning Department Approval

Before submitting a Police Department Application for Live Entertainment you **must first** obtain Planning Department approval. Contact the City of Campbell Planning Department at 408-866-2140 for further information.

Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information NA

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Business Partner Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information **NA**

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

Names and Capacity of all Officers and Directors

Name:	Capacity:

Description of Business

What type and style of entertainment will be shown? (Please be specific; e.g., live band, D.J., type of music, etc):

Days and Hours of Live Entertainment

<input type="checkbox"/> Monday	Start time:	End time:
<input type="checkbox"/> Tuesday	Start time:	End time:
<input type="checkbox"/> Wednesday	Start time:	End time:
<input type="checkbox"/> Thursday	Start time:	End time:
<input type="checkbox"/> Friday	Start time:	End time:
<input type="checkbox"/> Saturday	Start time:	End time:
<input type="checkbox"/> Sunday	Start time:	End time:

List Your Experience in Running Live Entertainment

Business Name:	Contact Person:
Address:	Phone:
From (month/year):	To (month/year):
Business Name:	Contact Person:
Address:	Phone:
From (month/year):	To (month/year):

Fingerprinting Information

Live entertainment applicants must be fingerprinted. Read the “Request for Livescan Instruction Sheet.” Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

Attachment Checklist

- Completed fingerprint application and copy of receipt.
- Two portrait photographs at least 2” x 2” in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.
- A diagram of your interior floorplan. This must include where the entertainment is going to take place, any dance floor, tables, chairs and exits.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Turning in the Application

Bring with you the completed application, all attachments and the Police Department Application Fee. Once received, a City Council Report will be prepared for an upcoming City Council meeting. Once the City Council renders a decision on your application, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

**Live Entertainment Applications to the Police Department are accepted
by Appointment Only - 408-866-2188**

FOR CAMPBELL PD INTERNAL USE ONLY

Application Received	Fingerprints Cleared	City Council Meeting	Application Granted	Application Denied	Permit Issued
_____ Date	_____ Date				
_____ Name	_____ Name	_____ Date	_____ Date	_____ Date	_____ Date