



# Live Entertainment Application Single Event

## Type of Application

New  Reoccurring

## Single Event Information

<input type="checkbox"/> This permit will allow Live Entertainment for a single event only.
<input type="checkbox"/> The permit will not authorize any changes in existing use permits such as expansion of business/service areas, hours of operation or capacity. If your request involves these changes, you must obtain a Special Event Permit.
<input type="checkbox"/> This permit will not be valid any days/hours not specified.
<input type="checkbox"/> A single event permit process may not be utilized more than four times in a calendar year.
<input type="checkbox"/> Approval one calendar year does not guarantee approval in subsequent years.

## Business Ownership Information

<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<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:	Middle Initial:
Address (No P.O. Box):		
California Driver's License #:		

Applicant Contact Information	
Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner Identifying Information <input type="checkbox"/> NA		
Last Name:	First Name:	Middle Initial:
Address (No P.O. Box):		
California Driver's License #:		

Business Partner Contact Information	
Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Corporation Information <input type="checkbox"/> 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 Live Entertainment
What type and style of entertainment will be shown? (Please be specific; e.g., live band, D.J., type of music, etc):

Alcohol Information	
Will Alcohol be Served:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ABC License Type and Number:	

**Date(s), Days and Hours of Live Entertainment**

Date(s) of Event:		
<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):

**Attachment Checklist**

- 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.
- A diagram of your interior/exterior 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**

You may mail, e-mail or bring the completed application and all attachments to the Campbell Police Department. The mailing address is Campbell Police Department, 70 N 1<sup>st</sup> Street, Campbell, CA 95008. The e-mail address is [ccampbell@cityofcampbell.com](mailto:ccampbell@cityofcampbell.com). If you decide to bring it in person and need to see somebody from the Permits office:

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

**FOR CAMPBELL PD INTERNAL USE ONLY**

<b>Application Received</b>	<b>Planning Approval</b>	<b>Fire Approval</b>	<b>Public Works Approval</b>	<b>Building Approval</b>	<b>PD Approval Permit Issued</b>
<hr/> <b>Date</b>	<hr/> <b>Date</b>	<hr/> <b>Date</b>	<hr/> <b>Date</b>	<hr/> <b>Date</b>	<hr/> <b>Date</b>
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