



CITY OF SOLANA BEACH

635 South Highway 101
Solana Beach, CA 92075-2215
(858) 720-2403

APPLICATION FOR ENTERTAINMENT ESTABLISHMENT LICENSE

****Certain information provided in this application may be disclosed pursuant to valid requests for public information**

PLEASE PRINT

Name _____
(Last) (First) (Middle)

All Other Names Used _____

Date Of Birth _____ Sex: Male ☐ Female ☐ Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____

Driver's Lic. No. _____ State _____ Soc. Sec. No. _____

Residence Address _____

How Long At Address? _____ Home Phone _____ Work Phone _____

Past Two Residence Addresses _____

LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

Date	Charge	Investigating Agency	Disposition
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Business Name _____ Phone _____

Business Address _____

Owner of premises _____

Type of entertainment to be conducted _____

Do you have a dance license? Yes ☐ No ☐ Will alcoholic beverages be served? Yes ☐ No ☐
(If yes, attach copy of ABC permit)

Are you the sole owner of the business? Yes ☐ No ☐ If No, have miscellaneous
identification sheet completed by all partners or business associates.

APPLICATION FOR ENTERTAINMENT ESTABLISHMENT LICENSE (Continued)

COMPLETE IF APPLICABLE - ONE DAY ENTERTAINMENT

Date and hours of entertainment _____

Location _____

Type of entertainment _____

Sponsoring organization _____

Person in charge _____ Phone _____

Estimated attendance _____ Will alcohol be served? Yes ☐ No ☐
(If yes, attach copy of ABC permit)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH MUNICIPAL CODE PERTAINING TO ENTERTAINMENT ESTABLISHMENTS.

Signature of Applicant

Date

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

1. Photo Identification (driver's license or state-issued identification card only)
2. Two (2) photographs measuring 1 inch by 1 inch (we can take photographs by appointment)
3. Fee new or renewal - **FEES ARE NONREFUNDABLE**
4. Copy of Current ABC license (new and renewal applications)
5. Plot Plan Showing:
 - a. Location of property
 - b. Location of all streets, alleys, lots, parcels of land, buildings or residences within 700 feet of the exterior boundaries of the property
 - c. Location of vehicle parking areas
6. A document showing that the applicant is the owner of the premises, or an agreement in writing by the owner permitting such use of the premises.
7. Copy of City of Solana Beach Registration Business Certificate

Items 5 & 6 FOR NEW APPLICATIONS ONLY

****ATTENTION ALL AGENCIES**** IF APPROVAL GOES PAST THE 30 DAY LIMIT APPLICANT WILL BE REFERRED TO YOUR DEPARTMENT IN CASE OF ANY INQUIRIES.

SHERIFF'S DEPARTMENT

Approved ☐ Disapproved ☐

Reason _____

By _____ Date _____

NOISE CONTROL

Approved ☐ Disapproved ☐

Reason _____

By _____ Date _____

PLANNING DEPARTMENT

Approved ☐ Disapproved ☐

Reason _____

By _____ Date _____

Accepted by _____ Date _____

MANAGER REGISTRATION APPLICATION

PLEASE PRINT

Name _____
(Last) (First) (Middle)

All Other Names Used _____

Date of Birth _____ Sex: Male ☐ Female ☐ Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License No. _____ State _____ Soc. Sec. No. _____

Residence Address _____

How Long At Address? _____ Home Phone _____ Work Phone _____

Past Two Residence Addresses _____

LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

Date	Charge	Investigating Agency	Disposition
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Last Two Employers:

Business Name: _____ Phone _____

Business Address: _____

Business Name: _____ Phone _____

Business Address: _____

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

- 1) Photo Identification (driver's license or state-issued identification card only)
- 2) Two (2) photographs measuring 1 inch by 1 inch (we can take photographs by appointment)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH MUNICIPAL CODE PERTAINING TO ENTERTAINMENT ESTABLISHMENTS.

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Signature: _____ Date: _____