

Entertainment Commission

PERMIT APPLICATION

Type of Permit: _____

☐ New Application ☐ Renewal: Old # _____

Date: _____

☐ Amendment

Receipt No.: _____

☐ Adding Partners to Existing Permit # _____

Part 1: Please Print Clearly – Complete Entire Front Side

Applicant's Name					Residence Address					Residence Phone	
Last		First		Middle		Number	Street	Apt#	City	State	Zip
Race		Sex		Height		Weight		Eye Color	Hair Color		Date of Birth
(Optional)											Place of Birth
Driver's License Number and State											
Social Security Number											
Any Other Name(s) Used							Mailing Address (if different than residence)				
							Number	Street	Apt#	City	State
											Zip
Business Name / Employed By / Name of Organization							Business Address				
							Number	Street	Apt#	City	State
											Zip
If Corporation, give name							Date and Place of Incorporation			Business Phone	
List your residences for the last five years. (Use additional form, if necessary)											
From Date		To Date		Address Resided At (Number, Street, Name, City)							
List your employment for the last five years. (Use additional form, if necessary)											
From Date		To Date		Company Name			Company Address			Type of Work	
Have you ever been convicted of, or plead guilty or No Contest to any Crime?											
<i>If yes, provide the information required below. Use additional forms If necessary Failure to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.</i>											
Offense		Date		Place of Arrest			Disposition				

Entertainment Commission

Part 2: Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center <i>These permits do not include jukeboxes</i>				Office Use Only
Total number of devices, subject to permit, to be placed, maintained, or operated: _____				Warrants
What type of business, if any, is now operated at the place where said devices are to be placed, maintained, or operated?				
Give a complete description of each device to be operated:				
No. of other devices (describe):		No. of Pinball Machines: _____	No. of Video Games: _____	No. of Pool tables: _____
Give the name of the company, corporation, or individual from whom the machines are being rented. If self-owned, state so:				
Part 3: Additional Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center. <i>These permits do not include jukeboxes</i>				
How many devices do you have on the premises now:				
No. of other devices (describe):		No. of Pinball Machines: _____	No. of Video Games: _____	No. of Pool tables: _____
How many devices are to be added by this application:				
No. of other devices (describe):		No. of Pinball Machines: _____	No. of Video Games: _____	No. of Pool tables: _____
Part 4: Acknowledgement and Declaration				
I, _____, understand that there may be sections of the San Francisco Municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, and legal bookstores. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.				
Date: _____		Signature of Applicant: _____		
Office Use Only				
Hearing Date	Received By	Temp. Issued By	Class Date	

NOTE: READ INSTRUCTION PRIOR TO COMPLETING THIS FORM

INSTRUCTIONS:

1. SOLE PROPRIETOR APPLICANT: COMPLETE SECTION A & E
2. CORPORATE APPLICANT: COOMplete A, B, D, & E
3. PARTNERSHIP APPLICANT: COMPLETE SECTION A, C, D, & E

**LETTER OF INTENT FORM
SAN FRANCISCO ENTERTAINMENT COMMISSION**

DATE

TYPE OF PERMIT(S)

SECTION A

APPLICANT'S NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
BUSINESS NAME	BUSINESS ADDRESS	BUSINESS PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
PHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 9:00 A.M. AND 5:00 P.M.		
NAMES AND ADDRESS OF PERSONS WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES:		
NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
NAMES AND ADDRESS OF PERSONS AUTHORIZED TO ACCEPT SERVICE OF PROCESS:		
NAME	MAILING ADDRESS	
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
PREMISES	NAME AND ADDRESS OF OWNER	
<input type="checkbox"/> LEASED <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		

SECTION B

NAMES AND ADDRESS OFFICER AND / OR DIRECTORS OF THE CORPORATION: (USE ADDITIONAL SHEET IF NECESSARY)

CORPORATE TITLE	NAME	RESIDENCE ADDRESS
	LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE
CORPORATE TITLE	NAME	RESIDENCE ADDRESS
	LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE
CORPORATE TITLE	NAME	RESIDENCE ADDRESS
	LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE

SECTION C

NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	
NAME	RESIDENCE ADDRESS	RESIDENCE PHONE
LAST FIRST MIDDLE	NUMBER STREET APT# CITY STATE ZIP CODE	

SECTION D

HAVE PARTNERS, OFFICES, DIRECTORS OF CORPORATE, EVER BEEN CONVICTED OF ANY CRIME EXCEPT MISDEMEANOR TRAFFIC VIOLATIONS? ☐ YES ☐ NO

NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE
NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE

SECTION E

DESCRIBE IN DETAIL YOUR PROPOSED BUSINESS OR SPECIFIC ACTIVITY: (INCLUDE IN YOUR DESCRIPTION THE HOURS AND DAYS OF THE PROPOSED BUSINESS, THE SPECIFIC TYPE OF ACTIVITY, THE HOURS AND DAYS OF EACH SPECIFIC ACTIVITY, THE LOCATION IF DIFFERENT FROM THE BUSINESS ADDRESS, TYPE OF ITEMS SOLD OR RENTED, TYPE OF LIVE ENTERTAINMENT, TYPE AND LOUDNESS OF SOUND SYTEM, TYPE AND AMOUNT OF SOUNDPROOFING, AND PERMITS OR LICENSES THAT HAVE BEEN APPLIED FOR OR ARE ALREADY IN EFFECT AT THE PROPOSED LOCATION, AND ANY SPECIFIC INFORMATION AS REQUIRED BY THE SAN FRANCISCO MUNICIPAL CODE OR STATE OF CALIFORNIA CODES, WHO? WHAT? WHERE? WHY? WHEN? HOW?)

HAVE YOU EVER HAD A POLICE PERMIT? ☐ YES ☐ NO IF YES, LOCATION PERMIT USED

TYPE OF PERMIT	DATES PERMIT USED	LOCATION PERMIT USED

DECLARATION

I, _____, declare under penalty of perjury that the foregoing is true and correct, executed at San Francisco, California, I understand that any false or incomplete information provided by me relative to this application may be considered cause to either deny the requested permit or revoke the permit that is granted.

DATE

SIGNATURE OF APPLICANT

SAN FRANCISCO ENTERTAINMENT COMMISSION
ITINERANT SHOW APPLICANT INFORMATION

The San Francisco Fire Department and Health Department must be provided with certain information prior to their on-site inspection on the day of the event. It is **YOUR** responsibility to contact the Fire Department and the Health Department at least two weeks before your event so that you can become aware of hazardous conditions and have time to correct them so that you will have a safe and successful event. Keep in mind the fact that your event can be shut-down by these city agencies if fire hazards or unsanitary condition exist. Please answer the following questions.

1. Will your event have food booths?_____

If so, how many? _____

2. Will any booths be using propane (LPG liquid petroleum gas or sterno)? Yes/No

(If so, you must obtain a Fire Department Permit)

3. Will any tents be erected?_____

4. Will food be served inside of a tent?_____

5. Will your event have any carnival/amusement rides?_____

If so, how many and what kind?_____

Amusement rides must be CAL-OSHA approved and you must have insurance coverage.

You may contact Mr. Ken Cofflin the Fire Department at (415) 558-3303.

You may contact the Health Department at (415) 252-3828, Monday-Friday 9:00 A.M. –
5:00 P.M.

Please provide a diagram of the layout of your event.