



CITY OF LAKE FOREST ENTERTAINMENT PERMIT APPLICATION

Permit Fee: \$286

FOR OFFICIAL USE ONLY:

DATE STAMP (RECEIVED) Routing

File No.

PLEASE CHECK APPLICABLE BOX OR BOXES

- ENTERTAINMENT PERMIT FOR CORPORATIONS/PARTNERSHIPS
 ENTERTAINMENT PERMIT FOR SOLE PROPRIETORSHIP

IS THIS AN APPLICATION FOR A NEW LICENSE?

- Yes
 No

Please complete the following application and submit with required documentation to the City of Lake Forest. Refer to the *Applicant's Guide to Submitting Entertainment Permit* (Available at Lake Forest City Hall) for more information. (Ordinance 2003-136)

PART 1: APPLICANT INFORMATION

Last Name:	First:	Middle:
Mailing Address:	Email Address:	
City:	State:	Zip:
Business Title:	Telephone Number:	

PART 2: ESTABLISHMENT

Name of establishment

Business Name:	Business Owner's Name:	
Business Address:	Business Phone:	
City:	State:	ZIP:

Property owner information

Please check one:			
Is the applicant the legal property owner?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please provide the name and address of the legal property owner and/or agent of the Real Property where the business is to be conducted. In addition, the applicant shall submit a copy of the lease between the property owner and the applicant for the entertainment establishment and a notarized statement signed by the owner consenting to the operation of the entertainment establishment at the location by the applicant. (Section 5.050.B.12)			
Organization:	Contact Person:	Title:	
Address:	City:	State:	Zip:
Telephone Number:	Email Address:		

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PART 3: TYPE OF BUSINESS

Type of Business Organization:	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
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For Sole Proprietorships Only

You, the Applicant, must be the Sole Proprietor to submit this Application.	Name of Business as Appears on Fictitious Name Statement:
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For General / Limited Partnerships Only

Name of Business as Appears on Fictitious Name Statement:

For Corporations Only

Name of Corporation (as shown in Articles of Incorporation):		
State of Incorporation:	Corporation Number:	Date of Incorporation:

FOR CORPORATIONS Include the following information for each Officer and Director, and for each person who has a financial interest in the corporation amounting to more than five percent (5%) of the authorized and issued shares.	FOR PARTNERSHIPS Include the following information for each partner, including limited partners.
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Title (Please check)	<input type="checkbox"/> Responsible Managing Officer (Only One per Business)	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Stockholder
Last Name:		First Name:		Middle:
Residence Address:				
City:	State:	ZIP:	Phone:	
Title (Please check)	<input type="checkbox"/> Responsible Managing Officer (Only One per Business)	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Stockholder
Last Name:		First Name:		Middle:
Residence Address:				
City:	State:	ZIP:	Phone:	
Title (Please check)	<input type="checkbox"/> Responsible Managing Officer (Only One per Business)	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Stockholder
Last Name:		First Name:		Middle:
Residence Address:				
City:	State:	ZIP:	Phone:	

PART 4: DESCRIPTION OF BUSINESS

A site plan or other diagram must be submitted in addition to this application. It must clearly depict the layout and configuration of the premises including the parking and relative location of all features and fixtures (including, but not limited to, all entrances/exits, windows, entertainment areas, stages, individual viewing booths, dressing rooms, bathrooms, banquette rooms, and other rooms, tables, booths, furniture, bars, kitchens, and other food or beverage preparation areas).

Description of the business

Describe in detail, the nature of the business or commercial enterprise to be conducted by the establishment.

Hours of operation

Please list the business hours of operation.						
MON	TUES	WEDS	THURS	FRI	SAT	SUN

Description of the entertainment

Describe in detail, the nature and type of the proposed entertainment, including the number of performers or participants to be involved. Include a statement describing the area within or on the premises where entertainment is to be performed and observed with reference to the site plan or diagram.

Hours of entertainment

Please list the hours during which the proposed entertainment is desired to be conducted.						
MON	TUES	WEDS	THURS	FRI	SAT	SUN

On-site Management

Please list the name(s) of the person(s) responsible for the operation, management, and supervision of the entertainment establishment and of the entertainment.		
Name:	Address:	
City:	State:	Zip:
Name:	Address:	
City:	State:	Zip:

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Food and Beverage

<i>Please check one:</i>	
The business will provide food and/or beverages <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide a detailed description of the food and/or beverage service, if any that will be offered to patrons.</i>
The business will provide alcoholic beverages <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If any alcoholic beverages are to be offered for sale and served at the premises, a copy of a liquor license shall be submitted to the City</i>

Miscellaneous

<i>Please check one:</i>	
Admission will be charged <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is admission fee?</i>
Minors will be permitted upon the premises <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, during which hours of operation?</i>
Entertainers will be: <input type="checkbox"/> employees or <input type="checkbox"/> independent contractors	

PART 5: PERMIT HISTORY

Has the applicant, owner, or any person responsible for the operation, management, and supervision of the entertainment establishment or entertainment, within the past five (5) years, had any permit or license issued in conjunction with the sale of alcohol or provision of entertainment?			
<input type="checkbox"/> <i>Yes, I was issued a license or permit. If yes, please complete the area below and attach a copy of any currently issued Alcoholic Beverage Licenses or permit.</i>			
<input type="checkbox"/> <i>No, I have not applied for or previously held any licenses or permits in any state to conduct any type of business in conjunction with the sale of alcohol or entertainment.</i>			
City:	State:	License/Permit Type:	License/Permit No.:
Date Issued:		Issuing Agency:	
During that period, was the permit or license revoked, suspended, and/or denied? <input type="checkbox"/> <i>Yes – Please complete area below.</i> <input type="checkbox"/> <i>No</i>			
<input type="checkbox"/> Revoked OR <input type="checkbox"/> Suspended	Revoked Date or Dates of Suspension From: To:	Reason:	
<input type="checkbox"/> Application Denied	Date of Application:	Denied by: (Issuing Agency)	
If License/Permit was revoked, suspended, or denied, in what business or occupation did you engage in following such revocation, suspension, or denial?			

PART 6: CERTIFICATION

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Lake Forest, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted and that a copy of the City ordinances regulating entertainment is available to me in the City Clerk's office.

(Signature)

(Date)