



William D. Gore, Sheriff

# SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

License Division, 9621 Ridgehaven Court, P.O. Box 939062  
San Diego, CA 92193-9062

## APPLICATION FOR ENTERTAINMENT ESTABLISHMENT LICENSE

FEES: \_\_\_\_\_ CLASS I ANNUAL \$ 293.00  
 \_\_\_\_\_ CLASS II ANNUAL \$ 293.00  
 \_\_\_\_\_ MANAGER ANNUAL \$ 105.00

*Fees are non-refundable*

FILE # \_\_\_\_\_

### YOU MUST SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Background Application for Sheriff's Regulatory Business License (Applicants, partners & officers)
2. Release & Waiver Form
3. Photo Identification (i.e., California Driver's License)
4. Correct Fee
5. ABC License (If serving Alcohol) and Health Permit (If serving food)
6. Legal Description of property where activity will occur
7. Zoning status \_\_\_\_\_ and Assessor's parcel number \_\_\_\_\_ of property where activity will occur
8. Map or Plot Plan Showing \_\_\_\_\_ Location of property.  
 \_\_\_\_\_ Location of all streets, alleys, lots, parcels of land, buildings or residences within 700 feet of the exterior boundaries of the property.  
 \_\_\_\_\_ Location of vehicle parking areas.
9. Property Tax Statement for the premises, or a written agreement from the owner permitting such use of the premises
10. Current Statement of Domestic Stock, if Corporation
11. Fictitious Business Name Registration
12. Fire Clearance by local Fire Department
13. Operational plans (sample enclosed)
14. Manager Application - if required (form attached)
15. (Outdoor Events) Copy of insurance policy naming San Diego County Sheriff's as certificate holder.
16. (Outdoor Events) List of Musicians, Bands, copy of promotional flyers and ticket.
17. Other \_\_\_\_\_

### PART I- ENTERTAINMENT ESTABLISHMENT (Print or Type only)

Business Name (DBA) \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Address \_\_\_\_\_  
 Number Street City State Zip

Mailing Address \_\_\_\_\_  
 Number Street City State Zip

Check applicable Business Description: \_\_\_\_\_ Corporation (If yes, corporation name \_\_\_\_\_)  
 \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietorship

(Each business partner/associate must complete a BACKGROUND APPLICATION FOR SHERIFF'S REGULATORY ACTIVITIES form which must be submitted along with this application)

E-mail Address \_\_\_\_\_

Owner of Premises \_\_\_\_\_ Phone Number \_\_\_\_\_

Person Responsible For Management of Establishment \_\_\_\_\_  
 (If other than owner of the business, a Manager's Registration is required)

Type of Entertainment to be conducted: Live Band [ ] Mechanical [ ] Karaoke [ ] Age group of participants \_\_\_\_\_

Will alcoholic beverages be served? ☐ Yes ☐ No

Will Dance be permitted? ☐ Yes ☐ No

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Days and hours Entertainment will be conducted: M T W Th F Sat Sun

Hours Entertainment will be conducted: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

**PART II -OUTDOOR ENTERTAINMENT (Temporary Event)**

Name of Event \_\_\_\_\_ No. of Days \_\_\_\_\_

Type of Entertainment to be conducted \_\_\_\_\_

Event Location Address \_\_\_\_\_

Will Alcoholic Beverages be served? ☐ YES ☐ NO Will pre-packaged or other food be served? ☐ YES ☐ NO

Will there be any merchandise concession areas? ☐ YES ☐ NO Age group of participants \_\_\_\_\_

Expected Attendance: Per Day \_\_\_\_\_ Total \_\_\_\_\_ No. of Staff/Volunteers \_\_\_\_\_

Event Date (s) and Time (s) Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**List All Sponsoring Organizations & Promoters Involved In Event** (attached separate sheet if necessary)

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email address \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person/s \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Property Information**

Parcel Number \_\_\_\_\_ Owner's Name \_\_\_\_\_

Zoning \_\_\_\_\_ Owner's Address \_\_\_\_\_

**Security Information** -Explain method of security/crowd control \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Name and Telephone Number** \_\_\_\_\_

***I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. Mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.***

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Application Accepted By \_\_\_\_\_

Date \_\_\_\_\_

Establishment/Event Name \_\_\_\_\_

**PDS - Zoning**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

**PDS- Noise**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

**Department of Public Works- Transportation**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
(858) 694-3862 MS O-338

**Department of Environmental Health-  
Food & Housing Division - Health Permits**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

**Sheriff's Department-Licensing**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
Fax (858) 974-2093 MS O-41

**Fire Department/Fire Marshal**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Phone# ( )** \_\_\_\_\_

**Human Resources - Risk Management**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
Fax ( 858) 694-3834 MS O-76

**Department of Planning & Land Use- Code Enforcement**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
MS-0650

**Department of Parks and Recreation**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
MS O-29

**Sheriff's Station -**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
Admin Lt. M.S. \_\_\_\_\_

Return to: Sheriff's Licensing Division, MS 0-41, Fax (858) 974-2093