



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 AMUSEMENT ESTABLISHMENT AND DEVICES**

(Section 21.101-21.111 County Code of Regulatory Ordinances)

FEES: \$622.00 ANNUAL (FEES ARE NON-REFUNDABLE)  
\$ 60.00 Per Device

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

1. Correct Fees
2. Background Application for applicant, officers and/or partners
3. Copy of photo identification
4. Release and Waiver form
5. List of Amusement Devices
6. Documentation that applicant is owner of the premises, or a written agreement signed by the owner permitting such use of the premises
7. Current Statement of Domestic Stock (if Corporation)
8. ABC (if serving Alcohol); Health permit (if serving food)
9. Plot plan of property showing location of all streets, alleys, lots, parcels of land, buildings or residences within 700 feet of the exterior boundaries of the property, and vehicle parking areas-including parcel number of property \_\_\_\_\_
10. Fire Clearance by local Fire Department
11. Other \_\_\_\_\_

(Print or Type only)

**Name of Business** \_\_\_\_\_ **Bus Phone** \_\_\_\_\_

**Business Location** \_\_\_\_\_  
Number Street City State Zip

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

**Check applicable Business Description:** \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

**List Names of Other Officers or Partners**

\_\_\_\_\_  
\_\_\_\_\_

(Each additional person listed above must complete a Background Application for Sheriff's Regulatory Business License)

**Days of Operation:** Mon Tue Wed Thu Fri Sat Sun

**Hours of Operation:** From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

**Name and Mailing address of Property Owner (s):**

\_\_\_\_\_  
(If applicant is not property owner, written permission from the owner must be attached)

**Number of Devices on premises:** \_\_\_\_\_ **Type of Amusement Devices:** \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

**Department of Planning and Land Use - Zoning**

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

**Department of Planning and Land Use - Noise**

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

**Department of Public Works- Transportation**

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

**Department of Animal Control**

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

**California Highway Patrol**

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

**Fire Department/Fire Marshal**

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

**Fire Chief**

**Human Resources - Risk Management**

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

**Department of Environmental Health- Health Permits**

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

**Department of Parks and Recreation**

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

**Reservations MS0-29**

**Sheriff's Station**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Comments \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_  
**Admin Lt. MS \_\_\_\_\_**

*Please return to: Sheriff's Licensing Division, MS O-41, Fax (858) 974-2093*