



# City of Santa Fe Springs Department of Police Services

11576 Telegraph Road • Santa Fe Springs, CA 90670 • (562) 409-1850 • Fax (562) 409-1854

## Supplemental Application for an Entertainment Conditional Use Permit

This application is to be completed as a supplement to a full Conditional Use Permit application filed with the City Department of Planning and Development.

Circle One:          Corporation          Partnership          Sole Proprietor

1. Applicant's Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address As: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age      Sex      Ht.      Wt.      Eyes      Hair      Date of Birth      Place of Birth      Drivers Lic. #

If the proposed permittee is a corporation, please list the names and addresses of the principal corporate officers.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a criminal charge other than minor traffic violation?(Circle one)

Yes          No

If yes, complete the following:

Court \_\_\_\_\_ Date: \_\_\_\_\_

Charge \_\_\_\_\_ Disposition: \_\_\_\_\_

2. Give name and Address of owner or owners of premises:

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

10. Give days and hours during which alcohol sales are to be conducted:

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11. Do you presently hold an alcoholic beverage control license?(Circle one)    Yes                      No

If yes, give location and license number: \_\_\_\_\_

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12. What type of entertainment or amusement will be conducted? \_\_\_\_\_

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13. Please list the number of performers of entertainers that are to be engaged in this activity. \_\_\_\_\_

14. Will the conduct or performance of amusement be restricted to a stage, platform or other fixed location

Upon the premises?(Circle one)    Yes                      No

If no, please explain: \_\_\_\_\_

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Please produce a sketch of the premises clearly designating the entertainment or amusement area in the space provided below or on a separate document.

Application is hereby made by the undersigned for a Conditional Use Permit in the property located at: (Give the street address, or, if no address, give the distance from the nearest cross streets.)

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The correct legal description of the property involved: (Include only the portion proposed to be utilized for the Conditional Use Permit. If the description is lengthy, attach a supplementary sheet.)

Record owner of the property: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_

Is this application being filed by the record owner? \_\_\_\_\_  
*(If filed by anyone other than the record owner, written authorization signed by the owner must be attached to this application.)*

Representative authorized by the record owner to this file application:  
Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Describe any easements, covenants or deed restrictions, controlling the use of the property:

The Conditional Use Permit is requested for the following use:  
(Describe in detail the nature of the proposed use, the buildings and other improvements proposed.)