



APPLICATION FOR ADULT DANCE LICENSE (Continued)

Date and hours of dance: \_\_\_\_\_

Location: \_\_\_\_\_

Type of entertainment: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

Person in charge: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(print clearly)

Estimated attendance: \_\_\_\_\_ Will alcohol be served? Yes  No

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO SOLICITOR'S LICENSES. (If yes, attach copy of ABC permit)   
\*\*Certain information provided in this application may be disclosed pursuant to valid requests for public information.

\_\_\_\_\_  
Signature of Applicant Date

**YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**  
(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

- 1) Photo Identification (California driver's license or state-issued identification card only).
- 2) Fee (new) or (renewal) – FEES ARE NONREFUNDABLE
- 3) Copy of current ABC license (new and renewal applications).
- 4) Plot Plan Showing:
  - a) Location of property
  - b) Location of all streets, alleys, lots, parcels of land, buildings or residences within 700 feet of the exterior boundaries of the property.
  - c) Location of vehicle parking areas (**NEW APPLICATIONS ONLY**).
- 5) A document showing that the applicant is the owner of the premises, or an agreement in writing by the owner permitting such use of the new premises (**NEW APPLICATIONS ONLY**).
- 6) Copy of Business Certificate from the City of Solana Beach.

**\*\*ATTENTION ALL AGENCIES\*\*** IF APPROVAL GOES PAST THE 30 DAY LIMIT, APPLICANT WILL BE REFERRED TO YOUR DEPARTMENT IN CASE OF ANY INQUIRES.

**SHERIFF'S DEPARTMENT**

Approved  Disapproved

Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**CODE COMPLIANCE**

Approved  Disapproved

Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**PLANNING DEPARTMENT**

Approved  Disapproved

Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRE DEPARTMENT**

Approved  Disapproved

Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### MANAGER REGISTRATION APPLICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female  Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

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

How Long at that address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:**

| Date  | Charge | Investigating Agency | Disposition |
|-------|--------|----------------------|-------------|
| _____ | _____  | _____                | _____       |
| _____ | _____  | _____                | _____       |

**LAST TWO (2) EMPLOYERS:**

Business Name: \_\_\_\_\_ phone ( ) \_\_\_\_\_

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

Business Name: \_\_\_\_\_ phone ( ) \_\_\_\_\_

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

**YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- 1) Photo Identification (California driver's license or state-issued identification card only)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO SOLICITOR'S LICENSES. \*\*Certain information provided in this application may be disclosed pursuant to valid requests for public information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF SOLANA BEACH

635 South Highway 101  
Solana Beach, CA 92075-2215  
(858) 720-2403

## MISCELLANEOUS IDENTIFICATION SHEET

PLEASE PRINT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

All Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female  Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

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

How Long at Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Past Two (2) Residence Addresses: \_\_\_\_\_

| Occupations for Past Three (3) Years<br>Business Name & Address: | Position | Dates Employed |
|--|----------|----------------|
| _____  | _____    | _____          |
| _____  | _____    | _____          |
| _____  | _____    | _____          |

### LIST BELOW ALL CHARGES RESULTING IN CONVICTION OR PLEA OF NOLO CONTENDERE:

| <u>DATE</u> | <u>CHARGE</u> | <u>INVESTIGATING AGENCY</u> | <u>DISPOSITION</u> |
|-------------|---------------|-----------------------------|--------------------|
| _____       | _____         | _____                       | _____              |
| _____       | _____         | _____                       | _____              |
| _____       | _____         | _____                       | _____              |

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Valid photo identification must be provided.  
Photographs and/or fingerprint cards may be required.