



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

APPLICATION FOR TEENAGE DANCE LICENSE

Name: _____
 (Last) (First) (Middle)

Other Names Used: _____

Date of Birth: _____ Sex: Male Female Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Drivers License _____ State _____ Social Security No. _____

Residence Address: _____

How Long at Address: _____ Home Phone: () _____ Work Phone: () _____

Past Two (2) Residence Addresses: _____

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

Date	Charge	Investigating Agency	Disposition

Name of Building or Hall: _____ Phone: () _____

Address: _____

Owner of Premises: _____ Phone: () _____

Sponsoring Organization: _____

Age group of participants: _____ Approximate number expected: _____

Number of security personnel employed: _____

Are you the sole owner of the business? Yes No

If no, have miscellaneous identification sheet completed by all partners and business associates.

Type of License Requested:

Class A — valid for a period of one (1) year Hours: _____

Class B — valid for one (1) day or one (1) night only. _____ Hours: _____

APPLICATION FOR TEENAGER LICENSE (Continued).

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

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) Four (4) photographs measuring 1"x1" (we can take photographs by appointment).
- 3) Fee in the amount (new) or (renewal) – FEES ARE NONREFUNDABLE.
- 4) Copy of current ABC license (new and renewal applications).
- 5) 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)
- 6) 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 premises (NEW APPLICATIONS ONLY)
- 7) Registration 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: _____

PLANNING DEPARTMENT

Approved Disapproved
Reason: _____
By: _____ Date: _____

NOISE CONTROL / CODE COMPLIANCE

Approved Disapproved
Reason: _____
By: _____ Date: _____

FIRE DEPARTMENT

Approved Disapproved
Reason: _____
By: _____ Date: _____

Accepted by: _____ Date: _____

TO BE COMPLETED BY APPLICANT

PLEASE PRINT

NAME OF APPLICANT: _____

BUSINESS ADDRESS: _____

TYPE OF LICENSE: _____

DATE OF APPLICATION: _____

TO BE COMPLETED BY SHERIFF'S LICENSE DIVISION

LAST DAY OF POSTING: _____
(10 days)

REMOVAL DATE: _____
(5 days)

PUBLIC INFORMATION

(Pursuant to Solana Beach Municipal Code Section 4.28)

THE PERSON WHOSE NAME APPEARS ABOVE HAS APPLIED FOR A LICENSE WITH THE SHERIFF'S DEPARTMENT. IF YOU HAVE ANY INFORMATION REGARDING THE ISSUANCE OF THE LICENSE, PLEASE DELIVER IT TO THIS OFFICE WITHIN FIVE (5) DAYS OF THE LAST DAY OF POSTING.



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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

<u>Business Name & Address</u>	<u>Position</u>	<u>Dates Employed</u>

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>

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 _____

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