

**STEP ONE:** Fee

- ☐ \$98 New                      ☐ \$64 Renewal (Class I)                      ☐ \$88 Renewal (Class III)

**STEP TWO:** License classifications (Class I and Class III)

**Class I** – Any act, play, review, pantomime, scene, song, dance act, song and dance act, or poetry recitation, conducted or participated in by a professional entertainer in or upon any premises to which the public is admitted.

*Professional Entertainer* means a person or persons who engage for livelihood or gain in the presentation of entertainment. This does not include mechanical music alone (i.e. Jukebox).

**Class III** – Any act, play, review, pantomime, scene, song, dance act, song and dance act, or poetry recitation, conducted or participated in by a *non-professional* person or persons in or upon any premises to which the public is admitted. (Karaoke and Disc Jockeys would fall under this classification.)

**STEP THREE:** Application

Complete an “Application for Entertainment Establishment License”, and if these apply, complete the “**Manager Registration Application**”(additional \$30), and “**Owner Identification Sheet**” form.

**STEP FOUR:** Deliver the following

*Note: If applicant is also submitting a Dance License, only one set of photos and fingerprints are required.*

- ☐ Completed application.
- ☐ A check made payable to the City of San Marcos.
- ☐ Main owner or manager must be fingerprinted. Applicants must return the second copy of the Live Scan Form to the Planning Division.
- ☐ Two 2" × 2" passport type photographs of all owners and managers.
- ☐ Copy of current ABC License showing any conditions.
- ☐ Floor plan showing entry ways, exit doors, location of the bar(s), tables, dance floor, DJ or stage area, outdoor patios, etc.

*All submittal items should be in PDF or another electronic form upon submittal. An appointment is required to file. Upon receipt of approvals from the Sheriff's Dept., Building Division, Fire Dept/ and Planning Division, your License will be issued. This process usually takes approximately 6-8 weeks. The License will be valid for one year. You will be notified by mail when your renewal is due.*

ENTERTAINMENT ESTABLISHMENT LICENSE  
Application



☐ New ☐ Renewal License # \_\_\_\_\_ Non-Refundable Fee \$ \_\_\_\_\_

Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

**MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION (ONLY 1 SET REQUIRED IF ALSO APPLYING FOR DANCE LICENSE)**

- ☐ Two 2" x 2" passport type photographs with new applications and every two years on renewal applications
- ☐ New applicants must return second copy of the Live Scan Form to the Planning Division
- ☐ Floor plan showing entry ways, exit doors, location of the bar(s) tables, dance floor, DJ or stage area, outdoor patios, etc. on all new & renewal applications
- ☐ Copy of current ABC License showing any conditions with all new and renewal application

Business Name \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_  
Street No. Street City State Zip Code

Type of entertainment to be conducted: \_\_\_\_\_

Day(s) and hours of entertainment: \_\_\_\_\_  
Day(s) Date(s) Hour(s)

Age group of participants: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_ Will alcohol be served? ☐ Yes ☐ No

Do you have a dance license? ☐ Yes ☐ No If yes, # \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last First Middle

All other names used \_\_\_\_\_

Are you an owner of the business? (An owner must sign application) ☐ Yes ☐ No

Business is: ☐ Single Ownership ☐ Partnership ☐ Corporation

Person(s) responsible for the management of the establishment: \_\_\_\_\_

*If other than owner of the business, a Manager Application (attached) must be submitted.*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Sex \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Cdl# \_\_\_\_\_ Ssn - -

Residence Address \_\_\_\_\_  
Street No. Street City State Zip Code

Residence Phone (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

*Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. 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 sections 5.10.010 Et. Seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Entertainment Licenses.*

*I understand the information supplied in this application may be used to obtain a criminal record check.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

OFFICE USE ONLY

FOR USE OF SHERIFF'S DEPARTMENT

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

FOR USE OF BUILDING DIVISION

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

FOR USE OF FIRE DEPARTMENT

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

FOR USE OF PLANNING DIVISION

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

## LIVE SCAN FINGERPRINTING

San Diego County Office of Education does fingerprinting Monday through Friday, from 8:30 a.m. – 4:00 p.m. There is a \$17 fee, which can be paid by money order or cashier's check only, payable to SDCOE. They are located at 255 Pico Ave. #102 in San Marcos. Make your appointment online at [www.sdcoe.net/livescan/week.asp](http://www.sdcoe.net/livescan/week.asp).

LiveScan San Marcos does fingerprinting Monday through Friday, from 9 a.m. – 5 p.m. and Saturdays, from 9 a.m. – 2 p.m. There is a \$20 fee, which can be paid with cash, money order or credit card. They are located at 439 W. San Marcos Blvd. #C in San Marcos. Call for an appointment at (760) 752-1072 or visit [www.livescansm.com](http://www.livescansm.com).

For more locations please visit [www.ag.ca.gov/fingerprints/publications/contact.htm](http://www.ag.ca.gov/fingerprints/publications/contact.htm).

## YOU MUST:

- ☐ Take the completed Request for Live Scan Service form with you.
- ☐ Present photo identification. The photo identification MUST be one of the following: a valid driver's license, a valid California identification card, a valid passport, a valid military identification card, or a valid alien registration card. *Other types of identification will not be accepted.*
- ☐ At the Live Scan location you will be required to pay a rolling fee and a \$32 fingerprint processing fee.
- ☐ Return the *second copy* of the Request for Live Scan Service form to the City of San Marcos, Planning Division.

## DIRECTIONS TO LIVE SCAN SAN MARCOS

### 439 W. San Marcos Blvd. #C, San Marcos

From 78 East

Exit San Marcos Boulevard

Left on W. San Marcos Boulevard

439 W. San Marcos Blvd. is on the Right

From 78 West

Exit San Marcos Boulevard

Right on San Marcos Boulevard

439 W. San Marcos Blvd. is on the Right

Please visit the following website for directions to the North County Regional Education Center:  
[www.sdcoe.net/hrt2/ncrec/?loc=direction](http://www.sdcoe.net/hrt2/ncrec/?loc=direction)

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

*Applicant Submission*

ORI: <u>A1633</u> Code assigned by DOJ		Type of Application: <u>SPECIAL PERMIT</u>	
Job Title or Type of License, Certification or Permit: <u>ENTERTAINMENT ESTABLISHMENT LICENSE</u>			
Agency Address Set Contributing Agency:			
<u>CITY OF SAN MARCOS</u> Agency authorized to receive criminal history information		<u>07026</u> Mail Code (five-digit code assigned by DOJ)	
<u>1 CIVIC CENTER DRIVE</u> Street No. Street or PO Box		<u>PLANNING DIVISION - GINA OR SUSIE</u> Contact Name (Mandatory for all school submissions)	
<u>SAN MARCOS</u> City	<u>CA</u> State	<u>92069</u> Zip Code	<u>(760) 744 - 1050 x3233 or x3262</u> Contact Telephone No.
Name of Applicant: _____ (Please print) Last First MI			
Alias: _____ Last First		Driver's License No: _____	
Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Misc. No. BIL - <u>APPLICANT TO PAY AT SITE</u> Agency Billing Number	
Height _____ Weight _____		Misc. Number: <u>N/A</u>	
Eye Color _____ Hair Color _____		Home Address: <u>N/A</u> Street No. Street or PO Box	
Place of Birth _____		<u>N/A</u> City, State and Zip Code	
Social Security Number _____			
Your Number: _____ OCA No. (Agency Identifying No.)		Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission, list Original ATI Number: _____			
Employer: (Additional response for agencies specified by statute)			
_____ Employer Name			
_____ Street No. Street or PO Box		_____ Mail Code (five digit code assigned by DOJ)	
_____ City State Zip Code		(_____) _____ Agency Telephone No. (optional)	
Live Scan Transaction Completed By: _____ Name of Operator Date			
_____ Transmitting Agency		_____ ATI No. Amount Collected/Billed	

ENTERTAINMENT ESTABLISHMENT LICENSE  
Owner Identification Sheet



OFFICE USE: License # \_\_\_\_\_

**MUST ATTACH THE FOLLOWING TO ENTERTAINMENT LICENSE APPLICATION:**

- ☐ Two 2" x 2" passport type photographs with new applications and renewal applications
- ☐ New applicants must return second copy of the Live Scan Form to the Planning Division

**Business Name** \_\_\_\_\_ **Business Phone** (\_\_\_\_\_) \_\_\_\_\_

**Business Address** \_\_\_\_\_  
Street No. Street City State Zip Code

**Applicant's Name** \_\_\_\_\_  
Last First Middle

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Cdl#** \_\_\_\_\_ **Ssn** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Residence Address** \_\_\_\_\_  
Street No. Street City State Zip Code

**Residence Phone** (\_\_\_\_\_) \_\_\_\_\_ **Emergency Phone** (\_\_\_\_\_) \_\_\_\_\_

**List previous residences for the past 5 years**

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**List all charges resulting in conviction or plea of nolo contendere within the past 5 years (Except for misdemeanor traffic violations).**

Date	Place/Agency	Charge	Disposition	Name of Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*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 have read and understand chapter 5.10 of the san marcos municipal code pertaining to entertainment licenses I understand the information supplied in this application may be used to obtain a criminal record check.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

OFFICE USE ONLY

FOR USE OF SHERIFF'S DEPARTMENT

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

FOR USE OF PLANNING DIVISION

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

OFFICE USE: License # \_\_\_\_\_

**MUST ATTACH THE FOLLOWING TO ENTERTAINMENT LICENSE APPLICATION:**

- ☐ \$30 Registration fee
- ☐ Two 2" x 2" passport type photographs with new applications and renewal applications
- ☐ New applicants must return second copy of the Live Scan Form to the Planning Division

**Applicant's Name** \_\_\_\_\_  
Last First Middle

**All other names used:**

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Cdl#** \_\_\_\_\_ **Ssn** - -

**Residence Address** \_\_\_\_\_  
Street No. Street City State Zip Code

**Residence Phone** ( ) **Emergency Phone** ( )

**Business Name** \_\_\_\_\_ **Business Phone** ( )

**Business Address** \_\_\_\_\_  
Street No. Street City State Zip Code

**List previous residences for the past 5 years**

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**List last three employers**

Business name	Address	Position held	Employment dates
1.			
2.			
3.			

**List all charges resulting in conviction or plea of nolo contendere within the past 5 years (Except for misdemeanor traffic violations).**

Date	Place/Agency	Charge	Disposition	Name of Disposition



**TO BE COMPLETED BY EMPLOYER**

*It is my intention to employ this applicant after the application is approved and the applicant is duly registered.*

**Employer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_  
Street No. Street City State Zip Code

*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 have read and understand chapter 5.10 of the san marcos municipal code pertaining to entertainment licenses I understand the information supplied in this application may be used to obtain a criminal record check.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

FOR USE OF PLANNING DIVISION

☐ Approved ☐ Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_