

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" x 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.

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.

For more locations please visit 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

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

*Applicant Submission*ORI: A1633
Code assigned by DOJType of Application: SPECIAL PERMITJob Title or Type of License, Certification or Permit: ENTERTAINMENT ESTABLISHMENT LICENSE

Agency Address Set Contributing Agency:

CITY OF SAN MARCOS

Agency authorized to receive criminal history information

1 CIVIC CENTER DRIVE

Street No. Street or PO Box

SAN MARCOS CA 92069
City State Zip Code**07026**

Mail Code (five-digit code assigned by DOJ)

PLANNING DIVISION - GINA OR SUSIE

Contact Name (Mandatory for all school submissions)

(760) 744 - 1050 x3233 or x3262

Contact Telephone No.

Name of Applicant: _____
(Please print) _____ Last _____ First _____ MI _____Alias: _____
Last _____ First _____ Driver's License No: _____Date of Birth: _____ Sex: Female Male
Misc. No. BIL - **APPLICANT TO PAY AT SITE**
Agency Billing NumberHeight _____ Weight _____
Misc. Number: **N/A**Eye Color _____ Hair Color _____
Home Address:
N/APlace of Birth _____
N/A
Street No. Street or PO Box
City, State and Zip Code

Social Security Number _____

Your Number: _____
OCA No. (Agency Identifying No.)
Level of Service: DOJ 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

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

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

ENTERTAINMENT ESTABLISHMENT LICENSE
Manager Registration



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 _____