



ENTERTAINMENT PERMIT FEES

(Updated July 1, 2016)

MANDATORY FEES PRIOR TO COUNCIL APPROVAL

(Non-refundable fees due at time of application submittal)

Zoning Review	\$16.50
Development Services Review	\$22.45
Fire Department (Fees determined at time of application)	\$165.00
Pool/Billiard Hall (three (3) tables or more) – Investigation Fees	\$1,395.00
Entertainment Without Dancing – Investigation Fees	\$1,255.00
Entertainment With Dancing – Investigation Fees	\$1,255.00
Entertainment Retail Business – Investigation Fees	\$600.00
Mailing Labels	\$90.00
Mailing Labels – Each	\$2.00

Optional Temporary Permits Fees

(Non-refundable fees due at time of application submittal)

Temporary Entertainment Permit Fee With Dancing	\$380.00
Temporary Entertainment Permit Fee Without Dancing	\$380.00
Temporary Pool Hall Permit Fee	\$380.00

(OPTIONAL – A City's discretion, valid for 90 days or terminated upon approval or denial of regular entertainment permit)

MANDATORY FEES UPON CITY COUNCIL APPROVAL

Upon City Council approval of Regular Entertainment Permit, owner must then pay annual regular Entertainment License and Regulatory Permit fees before permit is issued:

Based License Tax

Entertainment Permit Base Fee	\$348.68
Entertainment Retail	\$300.00
+ Per Employee	\$18.11
Pool Tables (per table)	\$129.13

Applicable Regulatory Fee

Regulatory Fee Without Dancing	\$300.00
Regulatory Fee With Dancing	\$1,035.00
Pool Hall	\$175.00



ADDITIONAL REQUIREMENTS FOR ENTERTAINMENT LICENSES

When applying for an entertainment license in an existing drinking and/or dining establishment, the following list of requirements in whole or part may apply to your business as follows:

1. Complete interior floor plan to include the following information:
 - a. Dimensions of interior floor plan.
 - b. Indicate location of all exit doors, widths of doors and panic hardware.
 - c. All fixed seating throughout.
 - d. Dance floor dimensions and type of flooring materials used.
 - e. If a stage is to be added, give exact measurements including height, location and materials used.
2. Copy of your Alcoholic Beverage Control (ABC) license with conditions.
3. Copy of your Seller' Permit.
4. Copy of your Fictitious Name Filing, if applicable.
5. Corporation, Limited Liability Companies, Limited Liability Partnerships:
 - a. Copy of your Articles of Incorporation.
 - b. Copy of your Statement of Information.

If you have any questions as to your occupant load, or if your business will change because of a change in use from a B occupancy with an occupant load less than fifty (50) persons to an A occupancy, (usually an A-3) fifty (50) persons or more but less than 300, a floor plan with the above requirements must be submitted to the 4th floor Planning and Building Department, Plan Check Engineer. For more information, please contact the Planning and Building Department at (562) 570-6651.

These additional requirements may be applicable:

1. Handicapped requirements may apply.
2. All Fire Department approvals to be obtained.
3. Electrical plan check and permit may be required for exit path illumination.



IMPORTANT INFORMATION **INVESTIGATIVE FEES AND PROCEDURES**

Attention Permit Applicant

Attached is your permit application for entertainment with/without dancing. This type of permit requires City Council approval. You must attach a detailed floor plan and parking plan when you submit your completed application. The floor and parking plan will be reviewed by the Zoning Division of the Long Beach Development Services Department. **Incomplete applications will not be accepted.**

If approved by the Zoning Division, the Police Department will review your application and inspect your premises for compliance with State Alcoholic Beverage Control and Long Beach Municipal Code (LBMC) requirements. The Development Services Department (formerly Planning and Building), Fire, and Health and Human Services Departments will also review your application and inspect your premises for compliance with building, fire, and noise regulations. Please make your premises accessible to these City Departments in order to expedite the processing of your application. **You may not conduct the business for which you have applied for a permit until that permit is approved by the City Council and issued by the Department of Financial Management.**

When the City's Departments' recommendations are received by the Business License Section, we will request the City Council set a date of hearing on your application. You will be notified in writing of the time and date of the hearing. As required by LBMC section 5.72.120(D), owners and residents within 300 feet of your establishment will also be notified of the hearing.

The approval process usually takes about nine (9) weeks. The amount of time depends on whether or not your establishment is ready for inspection by the City Departments and hearing schedule of the City Council. If during this review process, you change any information contained in your application, you are required to notify the Business Relations Department immediately. If you have any questions regarding this information or regarding the process, contact **Emily Armstrong, Business Services Bureau, at (562) 570-6649.**

Department & Phone Numbers

Police Department/Vice/Special Permits	(562) 570-7219
Financial Management/Business License	(562) 570-6211
Building Dept./Zoning Review & Building Inspection	(562) 570-6651
Fire Department	(562) 570-2560



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

333 West Ocean Boulevard, 4th Floor

Long Beach, CA 90802 333

(562) 570-6212

FAX (562) 570-6180

ADVISORY FORM AND PROBATIONARY PERMIT

The following list of conditions must be met in full to operate under a probationary permit for entertainment. (Referred to as Temporary Permit in the Long Beach Municipal Code (LBMC) Chapter 5.72)

1. A completed application for a regular entertainment or pool hall must be submitted.
2. A complete interior floor plan with dimensions indicating exits and parking areas must be submitted and approved by the Department of Long Beach Development Services.
3. Inspections by City Departments have been accomplished and no major health or safety conditions found.
4. Permittee must comply with all applicable federal, state, and local laws, including any conditions or restrictions placed upon any license issued to the permittee by the State of California Department of Alcoholic Beverage Control. If the issuance of this probationary Permit is in conflict with any other conditions or restrictions previously imposed on the activities of the business establishment by this or any other private or governmental body, this temporary permit shall be deemed void.
5. Any improvements made or any contractual agreements entered into by the permittee in anticipation of approval of a regular entertainment shall be at his/her own risk.
6. Unless specifically applied for, reviewed and approved, no adult entertainment, as defined by LBMC Sections 21.15.110 and 5.72.115 (B), shall be conducted on the premises.
7. Permittee shall employ their own discretion in determining the level of security necessary to prevent violation of law and any other disturbances arising out of or in connection with their business operations. If there is a substantial increase in complaints/calls for service, the permittee shall increase security as directed by the Chief of Police.
8. The establishment must remain in compliance with the all applicable sections of the Long Beach City Noise Ordinance (LBMC Chapter 8.80).

I have read the above stated conditions of operations under a probationary permit, and I agree to comply with these conditions.

If all conditions have been met, a probationary permit will be mailed in two (2) weeks.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

*****OFFICE USE ONLY*****

Accepted By: _____ Date: _____

REGULAR PERMIT APPLICATION

PROBATIONARY PERMIT

Application Complete? YES NO

Approved By: _____

Floor Plan Submitted? YES NO

Date Approved: _____

Zoning Approved? YES NO

PERMIT VALID FOR **90 DAYS** OR UNTIL REGULAR PERMIT IS APPROVED OR DENIED BY CITY COUNCIL, WHICHEVER COMES FIRST.

Departmental Inspections? YES NO

Comments: _____



Accepted By: _____ Date: _____

Zoning Approval By: _____ Date: _____

APPLICATION FOR ENTERTAINMENT PERMIT

(Please Print All Information – Incomplete Applications Will Not Be Accepted)

Applicant's Name (Legal Ownership Structure): _____

Business Name (DBA): _____ Business Phone: () _____

Business Site Address: _____

Date Business Proposes To Open: _____

Days & Time Premises Are Open For Inspection: _____

Proposed Use(s):

Entertainment/Restaurant With Dancing Without Dancing Other (explain) _____

Entertainment/Tavern With Dancing Without Dancing

Entertainment/Retail Social Club Pool/Billiard Hall

Explain briefly the proposed use of the rooms within the building:

Contact Person(s) Name (authorized agent, manager, etc.): _____

Contact Person(s) Phone Number: () _____

Type of Organization:

Corporation Partnership Individual Unincorporated Association or Club

Trust LLC Other, explain: _____

OFFICE USE ONLY

Building Fire Health (Check Inspecting Department) Date Received: _____

Building/Location meets Department Requirements for the proposed use.

Building/Location meets Department Requirements for the proposed use subject to the following conditions:

Building/Location does not meet Department requirements for the proposed use.

Inspection Completed On (date): _____ By: _____

POLICE DEPARTMENT

Police Department finds no basis for denial Police Department finds basis for denial

Police Department finds no basis for denial with conditions

Conditions or Basis for Denial: _____

By: _____ Title: _____ Date: _____

GENERAL INFORMATION (All Applicants)

Principal place of business (if other than the address listed on page 1): _____

Fictitious business names(s) or dba(s) used: _____

Place and date of filing fictitious business name statement: _____

County(ies) in which fictitious name statement is (are) filed: _____

Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Long Beach:

Name and address of person (agent) authorized to accept service of process in California:

State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which held, and expiration date thereof:

Is this applicant a subsidiary of a present corporation or business? YES NO
If yes, explain:

How long has the corporation or business been in operation? _____

Is the location: Owned? Rented/Leased?

If Rented/Leased, state the name and address of property owners:

Name: _____

Address: _____

IF APPLYING AS AN INDIVIDUAL

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

Name:

Last: _____

First: _____

Middle: _____

Title(s) or AKA(s):

Residence address:

Residence telephone number(s) (including area code):

Business address:

Business telephone number(s) (including area code):

Race: ____ **Sex:** ____ **Hair:** _____ **Eyes:** _____ **Height:** _____ **Weight:** _____

Date of Birth (mm/dd/yyyy): _____ **Place of Birth:** _____

Driver's License or Identification Card Number: _____

State of Issue: _____

Federal Tax ID Number: _____

Seller's Permit Number: _____

IF APPLYING AS A PARTNERSHIP

Check One Box:

General Partnership

Limited Partnership

LLC (Limited Liability Co.)

Name of Partnership: _____

Federal Tax ID Number: _____

Seller's Permit Number: _____

Percentage of Partnership

Name and residence addresses of General Partners:	Interest:
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Names and residence addresses of Limited Partners:	Interest:
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Place and date of filing Articles or Certificate of Partnership or Limited Partnership:

Please Note:

Attach certified copies of *Articles of Partnership or Limited Partnership*, or other written evidence of partnership status and all amendments thereto this application.

IF APPLYING AS A PARTNERSHIP

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

PRINCIPAL PARTNER I

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER II

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER III

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER IV

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

Attach a list for additional partners

IF APPLYING AS A CORPORATION

Check One Box: For-Profit Corporation Non-Profit Corporation

(If a Non-Profit Corporation, please attach copies of both State and federal Tax Exemption Certificates)

Name of Corporation: _____

Corporation Number: _____

Date and Place of Incorporation: _____

Location Headquarters: _____

Federal Tax ID Number: _____

Seller's Permit Number: _____

Please attach certified copies of *Articles of Incorporation and By-Laws*, and all amendments thereto this application.

Name and Residence Address of Corporation Officers (members of the executive board):

Name	Title	Address	Telephone
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

Numbers of shares issued by Corporation: _____

Number of share retained by Corporation: _____

Name and addresses of shareholders, if ten (10) or less state also the number and type of shares:

Name and address of agent for service of process designated by Corporation with the Secretary of State of California:

IF APPLYING AS A CORPORATION

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

CORPORATE OFFICER I

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER II

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER III

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER IV

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

GENERAL OPERATING CONDITIONS

Complete Each Question

ALCOHOL/FOOD/ADDITIONAL BUSINESSES

1. Will liquor be sold or consumed on the premises? YES NO

a. If Yes, complete the following box:

Check one box to indicate License Type	Alcohol Beverage Control License No.	Premises Type: (Club (restaurant) or Commercial (store))
On sale beer <input type="checkbox"/>	_____	_____
On sale beer and wine <input type="checkbox"/>	_____	_____
On sale distilled spirits <input type="checkbox"/>	_____	_____

2. Is a bonafide-eating place provided on the premises? (*Bonafide eating place means a place which is regularly used for serving meals for compensation, which has suitable kitchen facilities containing conveniences for cooking an assortment of foods for ordinary meals other than fast foods, sandwiches or salads. The kitchen must contain proper refrigeration for food and must comply with all applicable regulations of the Health and Human Services Department.*)

YES NO

a. If yes, list types of food sold: _____

b. If no, list any products (such as snacks sold): _____

3. Are non-alcoholic beverages sold? YES NO

4. How many **tables** for seating? _____

5. Are other types of businesses conducted on the premises? YES NO

a. If yes, list type(s): _____

6. Are pool tables provided? YES NO

a. If yes, indicate number: _____

7. Is there a license for the pool table? YES NO

a. If yes, license number: _____

8. Are amusement machine(s) and/or jukebox(es) provided? YES NO

a. If yes, indicate number and type: _____ Amusement Machines _____ Jukebox(es)

9. Is there a license for the amusement machine(s) and/or jukebox(es)? YES NO

a. If yes, decal number(s): _____

10. Owner of machine(s) and/or jukebox(es):

Name: _____

Address: _____

Telephone No. () _____

GENERAL OPERATING CONDITIONS (continued)

Complete Each Question

SECURITY

11. Will security officers be provided? YES NO
a. If yes, number of security officers: _____
12. Is any other type of security provided? YES NO
a. If yes, describe type of security: _____
-

Days and hours security officers or other security will be provided (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of							
Security							

13. Will a private security firm be used? YES NO
a. If yes, provide the following information of the contracted security firm:
Name: _____ City Business License No.: _____
Address: _____ Telephone No.: _____ ()

ADMISSION and/or MEMBERSHIP FEES CHARGED

14. Will minors be allowed on the premises? YES NO
15. Will the premises be open to the general public? YES NO
16. Will an admission fee be charged? YES NO
a. If yes, fee schedule: _____
-
17. Is there a private area for exclusive use of members and their guests only? YES NO
a. If yes, types of membership fees: _____
-
18. Will guests of members pay an admission fee or other charges? YES NO
a. If yes, describe the fee schedule and other charges: _____
-

GENERAL OPERATING CONDITIONS (continued)

Complete Each Question

HOURS OF OPERATION

Establishment hours of operation by day (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

PROXIMITY OF BUSINESSES AND RESIDENCES

19. Are there surrounding businesses? YES NO

a. What type? _____

20. Are there surrounding residences? YES NO

a. Approximately how close? _____

PARKING FACILITIES AND ARRANGEMENTS

21. Is parking available? YES NO

a. If no, what is the street address of the off-premises parking facility? _____

b. Describe the business arrangement made with owner of the parking facility if not part of business premises. **(Please attach a copy of parking contract or deed restriction)** _____

c. Days and hours parking facility will be available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

d. How many individual parking spaces (approximately)? _____

END OF GENERAL OPERATING CONDITIONS SECTION – PLEASE CONTINUE TO NEXT SECTION

ENTERTAINMENT FACILITY AND ACTIVITY

Entertainment - *Restaurant* Entertainment – *Tavern (bar)* Entertainment - *Other*

Does the Proposed Activity have:

- Outdoor Entertainment? Y N
- Dancing by patrons, guests, customers, participants, attendees? Y N
- Dancing by performers? Y N
- Live music by more than two (2) performers? Y N
- Amplified music (live)? Y N
- Amplified music (recorded)? Y N
- Disc Jockey? Y N
- Karaoke? Y N
- Adult Entertainment as defined by LBMC Section 21.15.110? Y N
- Adult Entertainment as defined by LBMC Section 5.72.115 (B)? Y N
- Will the establishment serve as a family pool/billiard hall as provided in Section 5.69.090 of the LBMC? Y N
- Any other type of entertainment not listed above? Y N

If yes, briefly describe the entertainment activity. _____

Describe entertainment by performers: _____

Dance Floor? Y N

Stage? Y N

If yes, provide dimensions and type of material of dance floor. L _____ X W _____ = _____ sq ft.

If yes, provide dimensions and type of material of stage. L _____ W _____ H _____

Describe floor material and surface type: _____

Schedule of entertainment. Please provide days of the week and time of day. If entertainment is not provided the same days and times every week, please provide a detailed schedule of specific dates and times of entertainment. Attach an additional sheet if necessary: **(Fill Out Completely)**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Entertainment Type							
Start Time							
End Time							



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

100 W BROADWAY STE 400 ! LONG BEACH, CA 90802 ! 562-570-6513 FAX 562-570-6930

ENVIRONMENTAL HEALTH
NOISE OFFICE

DEPARTMENT OF HEALTH AND HUMAN SERVICES ENTERTAINMENT PERMIT APPLICATION REQUIREMENTS

Date: _____

Name of Business (DBA): _____

Name of Business Owner: _____

Business Address: _____

Dear New Business Owners:

The Entertainment establishment must abide by the Long Beach Municipal Code Noise Ordinance, Chapter 8.80.

You must make sure that the noise generating inside your business is not impacting adjacent residences.

If loud music is to be played as part of the entertainment permit, you must also post a sign in the customer area in a conspicuous location that states:

Warning: Sound Levels Within May Cause Permanent Hearing Impairment.

I understand that in order to provide Entertainment, my establishment must comply with the Long Beach Noise Ordinance (LBMC Chapter 8.80)

Owner or Authorized Agent Signature(s) _____

Title _____

Phone # _____

FAX # _____