



# - Business Renewal - Entertainment Permit Application

It is important to complete all information applicable to your event in order for this application to be processed in a timely manner. It is unlawful for any person to own, conduct, operate, maintain or participate therein in any place of entertainment in the City of Modesto without first having obtained an Entertainment Permit. Failure to obtain an Entertainment Permit can result in penalties under

**Municipal Code 4-1.420.**

## FOR AN ONLINE APPLICATION:

<http://www.modestogov.com/DocumentCenter/Home/View/4519>

## Permit Fees

- Permit Fee (Non-Refundable): **\$275.00**  
(Application Fee: \$25; Regular Permit Fee: \$250)
- One Time (30) Day Business Permit Extension Fee (Non-Refundable): **\$525.00**
- Expedited Permit Fee (Non-Refundable): **\$650.00**  
(Application Fee: \$25; Regular Permit Fee: \$250; Late Fee: \$125; Expedited Fee: \$250)

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- Non-Profit Permit Fee (Non-Refundable): **\$25.00**  
(Application Fee: \$25)
  - One Time (30) Day Business Permit Extension Fee (Non-Refundable): **\$525.00**
  - Expedited Permit Fee (Non-Refundable): **\$400.00**  
(Application Fee: \$25; Late Fee: \$125; Expedited Fee: \$250)

***All Non-Profit groups must provide a copy of their 501(c)3 or 501(c)4 at the time application is submittal.***



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<b>Date Received:</b>
<b>Payment Date:</b>

<b>Paid Fees</b>	
Regular Fee Total:	\$
Late Fee Total:	\$
Special Session Fee Total:	\$

<b>Organization Type &amp; Sections to Complete</b>	
Sole Proprietorship ( Complete Sections A, D, E, & F )	<input type="checkbox"/>
Partnership ( Complete Sections A, C, D, E, & F )	<input type="checkbox"/>
Corporation ( Complete Sections A, B, D, E, & F )	<input type="checkbox"/>
Non-Profit ( Complete Sections A, B, D, E, & F )	<input type="checkbox"/>

## - SECTION A -

### APPLICANT INFORMATION

**Name(s) and permanent address of applicant(s):** (Note: If applicant is a corporation, the name shall be exactly as set forth in its Articles of Incorporation and the applicant shall show the name and residence address of each of the officers, directors and stakeholders. If the applicant is a partnership, the application shall show the names and residence address of each of the members, including limited partners.)

#### Applicant # 1

First Name	Middle Initial	Last Name		
Residence Address		City	State	Zip Code
Home Phone #	Business Phone #	Driver's License #	State	Date of Birth

#### Applicant # 2

First Name	Middle Initial	Last Name		
Residence Address		City	State	Zip Code
Home Phone #	Business Phone #	Driver's License #	State	Date of Birth

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## BUSINESS AND/OR ORGANIZATION INFORMATION

Name of Business/Organization	Type of Business/Organization

Business/Organization Address	City	State	Zip Code

Business Phone #	Business Fax #	E-mail	Business License # <i>To obtain a Business License See <b>Form A</b></i>

Mailing Address, if different from above	City	State	Zip Code

<b><u>Business Premises</u></b>	
Leased	<input type="checkbox"/>
Owned	<input type="checkbox"/>
Rented	<input type="checkbox"/>
If <b>leased</b> or <b>rented</b> please submit written consent from the owner of the building.	

## BUSINESS MANAGEMENT INFORMATION

Contact Person

Business/Organization Address	City	State	Zip Code

Cell Phone #	Business Phone #	E-mail

Contact Person

Business/Organization Address	City	State	Zip Code

Cell Phone #	Business Phone #	E-mail

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## - SECTION B -

### OFFICER(S) OR DIRECTOR(S) INFORMATION

**DID ANY OF THE NAME(S) OR ADDRESSES OF OFFICER(S) OR DIRECTORS CHANGE OR HAVE YOU ADDED ANY NEW OFFICERS/DIRECTOR(S)?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If <b>Yes</b> , please fill out the section below.	

Corporation Title		Name	
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Address	City	State	Zip Code
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Corporation Title		Name	
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Address	City	State	Zip Code
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Corporation Title		Name	
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Address	City	State	Zip Code
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## - SECTION C -

### PARTNER INFORMATION (Anyone with a financial interest in the business)

**HAVE THERE BEEN ANY CHANGES WITH ANYONE THAT HAS A FINANCIAL INTEREST WITHIN YOUR ESTABLISHMENT?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If <b>Yes</b> , please fill out the section below.	

Name
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Business/Organization Address	City	State	Zip Code
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# - Business Renewal Permit -

Phone #	
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Name
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Business/Organization Address	City	State	Zip Code
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Phone #	
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Name
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Business/Organization Address	City	State	Zip Code
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Phone #	
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## - SECTION D -

### APPLICANT BACKGROUND INFORMATION

**HAVE YOU, YOUR PARTNERS, OFFICER(S), DIRECTOR OF THE CORPORATION EVER BEEN CONVICTED OF ANY CRIME EXCEPT MISDEMEANOR TRAFFIC VIOLATIONS?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**If YES, PLEASE COMPLETE THE SECTIONS BELOW**



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Name	Charge	Date & Court	Action Taken
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Name	Charge	Date & Court	Action Taken
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Name	Charge	Date & Court	Action Taken
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**HAS THE ESTABLISHMENT HAD ANY ADMINISTRATIVE OR CRIMINAL CITATIONS OR ACTIONS REGARDING ENTERTAINMENT ?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**IF YES, PLEASE COMPLETE THE SECTIONS BELOW.**



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Name	Charge	Date & Court	Action Taken
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Name	Charge	Date & Court	Action Taken
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Name	Charge	Date & Court	Action Taken
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## **- SECTION E -**

### **PROPOSED BUSINESS ACTIVITY**

**HAS ANYTHING CHANGED REGARDING THE TYPE OF ENTERTAINMENT YOU ARE PROVIDING SINCE YOUR ORIGINAL APPLICATION?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**IF Yes, PLEASE COMPLETE THE SECTIONS BELOW**



Type of Business	Specific Type of Activity
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Hours & Days of Operation	Capacity of Facility	Days & Times of Entertainment
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Type of Items Sold (Food, Drinks, etc.)	# of Employees on Duty Per Day
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<u><b>DISTRIBUTION OF ALCOHOL</b></u>	
No Alcohol	<input type="checkbox"/>
Alcohol Served (No Cost)	<input type="checkbox"/>
Alcohol Sold	<input type="checkbox"/>
Guest May Bring Alcohol	<input type="checkbox"/>

<u><b>IF SERVING OR SELLING ALCOHOL</b></u>	
Liquor License #	
Please attach a copy of your license	

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<b>PROPOSED ENTERTAINMENT (CHECK ALL THAT APPLY)</b>	
Live Music	<input type="checkbox"/>
Amplified Music	<input type="checkbox"/>
D.J.	<input type="checkbox"/>

<b>WILL ENTRY FEES BE CHARGED</b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Other: \_\_\_\_\_

<b>TYPE OF MUSIC IN GENERAL (CHECK ALL THAT APPLY)</b>	
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Pop  Rock  Hip-Hop  Punk  Country  World  Rap  Metal  Vocal

Blues  R&B  Electronic

If Live Music, Please specify what groups: \_\_\_\_\_

<b>STREET CLOSURE</b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

If YES, Please note the time and street names affected \_\_\_\_\_

If YES, Please ask for **MPD Street Closure Form** for completion. **(Please Note:** You will need to include a **detour plan SEE EXAMPLE Form # 2)** The plan must be developed by a licensed **Traffic Engineer**.

If, the event impacts a State of California road please ask for **State Encroachment Permit** for completion.

<b>NUMBER OF PEOPLE EXPECTED TO ARRIVE BY CAR</b>	
Less than 25 <input type="checkbox"/>	26-50 <input type="checkbox"/>
51-75 <input type="checkbox"/>	76-100 <input type="checkbox"/>
101-150 <input type="checkbox"/>	151-200 <input type="checkbox"/>
201-250 <input type="checkbox"/>	251-300 <input type="checkbox"/>
If more than 300, how many? _____	
What will be the Peak Hours? _____	

<b>WILL PARKING BE OFFSITE?</b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

If YES, Please provide a description of the parking location. \_\_\_\_\_

<b>WHAT IS YOUR CURRENT ZONING?</b>
To find your current zoning visit: <a href="http://gis.modestogov.com/gis/">http://gis.modestogov.com/gis/</a>

Describe the location around your business. For example, any adjacent neighborhoods, restaurants, schools, daycare facilities etc.: \_\_\_\_\_

<b>DOES THE PLACE OF ENTERTAINMENT HAVE ACTIVE CITY UTILITIES?</b>	
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Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If **No**, check the items needed: Port-o-lets  Trash Cans  Garage Bin(s)

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<b><u>WILL YOU BE USING IN-HOUSE STAFF FOR EVENT SECURITY?</u></b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
How Many Security:	# _____
If YES, Please explain how you will monitor the number of persons entering the event and how you will control lines from forming on public right of away:	
<b><u>WILL YOU BE USING AN OUTSIDE SECURITY FIRM?</u></b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
How Many Security:	# _____
If YES, Please include the following items:	Security Firm's Name: 1. A Copy of their City of Modesto Business License 2. Copy of their Insurance Coverage 3. Copy of their State License

**Please Note:** The Entertainment Commission or Permit Administrator may require (1) security personnel for every 50 to 100 persons.

<b><u>WILL YOUR EVENT(S) HAVE MORE THAN 1,000 PEOPLE?</u></b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
If <b>Yes</b> , Please complete an <b><u>EMERGENCY MEDICAL PLAN</u></b> (Only if attendance is greater than 1,000) – Please include a written outline of your event emergency plan, you should include the following information:	
a. How will you contact emergency services; b. What type of medical services will be on hand; c. What steps will event go through to prevent an emergency; Etc.	



## -Section F-

### **Please Include Following Additional Attachments, If Information Has Changed**

1. **SUMMARY** – Please include a written summary of your event(s), you should include the following:
  - a) Describe the organization hosting events at this venue
  - b) Types of entertainment to be held
  - c) Length of time event has been held
2. **EVENT FLOOR PLAN DRAWING** (Scalable – ¼” or 1/8”) - Include and attach the event plan for the entire event on a separate sheet(s) with the following information. The drawing/diagram shall include all aspects of the event including the MPD Sound Permit Form.
  - a) Event Location
  - b) Size of Premises
  - c) Entertainment Location
  - d) Layout of displays, booths and/or tents
  - e) Parking Areas
  - f) Cooking Locations
  - g) Public restrooms/temporary sanitary facilities
  - h) Other structures being used
  - i) Street access to the event
  - j) Entrances and Exits
  - k) Identify manager on duty or contact person on the premises during hours of operation
3. **SANITATION PLAN** Please include a written sanitation plan for adequate sanitation facilities and garbage, trash and sewage disposal for persons attending the event. This plan shall meet the requirements of all state and local statutes, ordinances and regulations.

Requirements – Effective July 1, 2005, operators of a large venue and coordinators of large events must develop a waste reduction and recycling plan for each qualified venue or event. Each event must complete the waste analysis permit and return to the City of Modesto’s Solid Waste Division. Questions please contact Solid Waste Management Office at (209) 577-5495.
4. **FIRE PROTECTION PLAN** – Please include a written fire protection plan. An example may be requested.

### **PLEASE INCLUDE COPIES OF THE FOLLOWING ITEMS**

- **COPY OF YOUR CURRENT BUSINESS LICENSE;**
- **COPY OF YOUR CURRENT ABC LICENSE AND ANY CURRENT CONDITIONS;**
- **COPY OF YOUR UPDATED GENERAL LIABILITY INSURANCE & ADDITIONAL ENDORSEMENT FOR CITY ;**
- **COPY OF THE COMPLETED LIVE SCAN.**

# **- Business Renewal Permit -**

**Do You Have Everything**

**CHECK LIST**

**- SEE NEXT PAGE -**

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## CHECK LIST

1. Is the entertainment venue rented or leased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If <b>yes</b> , please include written consent from the property owner.
2. Were there any changes of Officers or Directors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If <b>yes</b> , please complete <b>Section B</b> of application.
3. Any changes in financial interest of business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If <b>yes</b> , please complete <b>Section C</b> of application.
4. Any changes to Officers Background or Admin/Criminal Actions against Establishment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If <b>yes</b> , please complete <b>Section D</b> of application.
5. Any changes to business activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If <b>yes</b> , please complete <b>Section E</b> of application.
6. Any changes in Event, Sanitation or Fire Protection Plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If <b>yes</b> , please include information for the sections that changed in <b>Section F</b> of application.
7. Current Copy Business License Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	
8. Current Copy of ABC License Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	
9. Current Copy of GL Insurance & Additional Endorsement Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	
10. Was <b>Live Scan completed at Police Dept.?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	

## DECLARATION

*I, \_\_\_\_\_, declare under penalty of perjury that the foregoing is true and correct. I understand that any false or incomplete information provided by me in connection with this application constitutes cause to either deny the requested permit or revoke the permit if granted. I also understand that if this permit is granted I must update any information should it change.*

\_\_\_\_\_  
Date

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