CITY OF FULLERTON
CALIFORNIA

SUPPLEMENTAL APPLICATION
ADULT USE DEVELOPMENT PERMIT

BUSINESS INFORMATION

NAME OF PROPOSED ADULT USE BUSINESS______________________________________

ADDRESS OF PROPOSED ADULT USE BUSINESS___________________________________
(Include suite or unit number if applicable)

IS THIS A NEW BUILDING?____ PHONE NUMBER OF BUSINESS (___)_________________

WILL THERE BE LIVE ENTERTAINMENT? ____

FULL DESCRIPTION OF PROPOSED BUSINESS ACTIVITY (ATTACH ADDITIONAL SHEET IF NECESSARY)____
____
____

PROPOSED DAYS OF OPERATION____

PROPOSED HOURS OF OPERATION____

MAXIMUM NUMBER OF PATRONS____

MAXIMUM NUMBER OF PEOPLE WORKING AT THIS LOCATION______________________
(ALL ENTERTAINERS, SECURITY OFFICERS, BARTENDERS, ETC. INCLUDING EMPLOYEES, INDEPENDENT CONTRACTORS, PROPRIETORS, AND VOLUNTEERS.)

OFFICE USE ONLY

APP REC'D.________BY______________________ LICENSE/PERMIT#_________________

TRANSMITTED TO DEPARTMENT: DATE______________________ BY________________

REVIEWED BY:
PLANNING DEPARTMENT
(Zoning Division): DATE_________________ BY________________________________

POLICE DEPARTMENT: DATE_________________ BY_______________________________

FIRE DEPARTMENT: DATE_______________________ BY___________________________

PERSONAL INFORMATION

(SUBMIT A SEPARATE SHEET FOR EACH PROPRIETOR, OFFICER, GENERAL PARTNER OR CONTROLLING SHAREHOLDER)

_____ _____ _____

LAST (Full Legal Name) FIRST M.I.

HOME ADDRESS_____

BUSINESS ADDRESS_____

DAY PHONE NO. (___)_____ EVENING PHONE NO. (____)_____

DATE OF BIRTH____/___/____ ID/DRIVERS LICENSE NO._____

STATE OF LICENSE_____ SOCIAL SECURITY NO._____-_____-_____

PLEASE LIST OTHER NAMES USED _____

_____

_____

_____

PREVIOUS ADDRESS LAST FIVE (5) YEARS:

_____ FROM_____ TO_____

_____ FROM _____ TO_____

_____ FROM _____ TO_____

(DATES)

PREVIOUS EMPLOYER LAST FIVE (5) YEARS:

_____ FROM _____TO _____

_____ FROM _____TO _____

_____ FROM _____TO _____

(DATES)

HAVE YOU EVER OWNED, OPERATED OR MANAGED ANY ADULT-ORIENTED BUSINESS?_____ IF YES, WHEN AND WHERE:_____

_____

_____

_____

PERMIT REVOKED/SUSPENDED? _____ IF SO, WHERE AND WHEN:

_____

_____

_____

GUILTY OR NOLO CONTENDRE WITHIN PAST FOUR YEARS OF MISDEMEANOR OR FELONY CLASSIFIED BY THE STATE AS A SEX OR SEX-RELATED OFFENSE? _____

_____.

PROPERTY INFORMATION

ADDRESS OF PROPERTY _____

LEGAL DESCRIPTION_____

TAX ASSESSORS PARCEL NO. _____

TELEPHONE NUMBER OF PROPERTY_____

LEGAL OWNER OF THE PROPERTY _____

ADDRESS OF THE PROPERTY OWNER _____

PHONE NO. OF PROPERTY OWNER_____

NAME, ADDRESS AND PHONE NO. OF OPERATOR OR MANAGER OF THE BUSINESS

_____

NAME, ADDRESS AND PHONE NO. OF AGENT (IF APPLICABLE)

_____

NAME, ADDRESS & PHONE NO. OF LESSOR (IF APPLICABLE)_____

_____

NAME, ADDRESS & PHONE NO. OF SUBLESSOR (IF APPLICABLE):

_____

- IF THE BUSINESS OWNER IS THE RECORD OWNER OF THE PROPERTY, A COPY OF GRANT DEED OR CURRENT TITLE REPORT MUST BE ATTACHED.
- IF THE BUSINESS OWNER IS THE AUTHORIZED AGENT OF THE RECORD OWNER OF THE PROPERTY, PROOF OF AUTHORIZATION MUST BE ATTACHED.
- IF THE PREMISES ARE LEASED OR SUBLEASED, COPIES OF THE LEASE AND ANY SUBLEASE MUST BE ATTACHED.

BUSINESS OWNERSHIP INFORMATION

IS THE BUSINESS OWNER A CORPORATION __, PARTNERSHIP___, OR SOLE PROPRIETORSHIP___?

> (IF THE OWNER OF THE PROPOSED BUSINESS IS A CORPORATION OR PARTNERSHIP, A COPY OF THE CORPORATE OR PARTNERSHIP PAPERS MUST BE FILED WITH THIS APPLICATION, INCLUDING DOCUMENTATION THAT THE PERSON SIGNING THE APPLICATION HAS AUTHORITY TO ACT ON BEHALF OF THE CORPORATION OR PARTNERSHIP.)

NAME OF BUSINESS OWNER (IF BUSINESS OWNER IS A CORPORATION OR PARTNERSHIP, STATE THE EXACT NAME OF THE CORPORATION OR PARTNERSHIP):

_____

FULL LEGAL NAME OF ALL PROPRIETOR(S), OFFICERS, GENERAL PARTNERS, AND CONTROLLING SHAREHOLDER (ATTACH ADDITIONAL SHEETS IF NECESSARY):

_____

_____

CORPORATE NAME

_____

DATE OF INCORPORATION:

_____

STATUS OF ITS INCORPORATION

_____

EVIDENCE THAT CORPORATION IS IN GOOD STANDING (ATTACH ADDITIONAL SHEET)

_____

ADDRESS OF REGISTERED OFFICER FOR SERVICE OF PROCESS

_____