

Name (Printed)

CITY OF NEWPORT BEACH

REVENUE DIVISION 100 CIVIC CENTER ● P.O. BOX 1768 NEWPORT BEACH, CA 92658-8915 (949) 644-3141

(949) 644-3141

RevenueHelp@newportbeachca.gov • http://www.newportbeachca.gov/Revenue

LIVE ENTERTAINMENT PERMIT APPLICATION

\$170.00 application fee due upon submittal.

Make check payable to City of Newport Beach

OFFICE USE ONLY
Permit Number
Master ID

ENTERTAINMENT ENTERPRISE INFORMATION					
Name:		Email:			
Address:				Suite:	
City: State	:: Zip):	Phone:		
Legal Description of Parcel:					
nership Type: Date Enterprise Acquired: Date of Commencement:					
* Attach a Site Plan describing the building and/or unit proj dimensioned interior Floor Plan.	posed for the e	entertainment establi	shment <u>and</u> a	fully	
Describe all proposed entertainment activities. Attach addi	itional sheets i	f necessary.			
Indicate anticipated occupancy	Yes Yes				
Name Alias(es)					
Address					
City					
Name Alias(es)			_ DL#		
Address		_ Email			
City	State	_ Zip	_ Phone		
Have any of the owners previously operated any similar but If Yes, has any owner ever had the license or permit revok				Yes Yes	
If Yes, explain	as subject to the contract? No _ LL COMPLY VICIPAL CODE I HAVE PERS RUE AND COR	Yes WITH ALL THE OPEI SONAL KNOWLEDG RRECT. I FURTHER	RATIONAL RE E OF THE INF	EQUIREMENTS FORMATION AT I HAVE	

Signature

Title

Date