

CITY OF NEWPORT BEACH

REVENUE DIVISION 100 CIVIC CENTER • P.O. BOX 1768
NEWPORT BEACH, CA 92658-8915
(949) 644-3141
RevenueHelp@newportbeachca.gov • http://www.newportbeachca.gov/Revenue

LIVE ENTERTAINMENT PERMIT APPLICATION

\$172.00 application fee due upon submittal.

Make check payable to City of Newport Beach

OFFICE USE ONLY
Permit Number
Master ID

ENTERTAINMENT ENTER Name:	I NOL INI ONMATION		Email:	
				Suite:
	State:			:
	Date Enterprise Acquired:		Date of Commend	cement:
	ing the building and/or unit proposed			· ·
Describe all proposed enter	tainment activities. Attach additiona	l sheets if neces	sary.	
What are the hours live ente	ncynment include activities defined by Sertainment is conducted? Yesdoor entry fee? No			
	LS e owners or principals. If the enterpripartners and if it is a sole proprietors a separate sheet.			cers. If this is a iired, attach information
Name	Alias(es)		DL#	
Address		Email		
	State _			
Name	Alias(es)		DI#	
	7 (lido (00)			
	State _			
Have any of the owners pre	viously operated any similar busines had the license or permit revoked or	ss under a permi	t or license? No	Yes
Provide the name under wh	ich the owner operated that was sub	oject to the action	າ	
s the Premises rented, leas	sed, or being purchased under contr	act? No	Y	'es
f Yes, attach a copy of the I	ease or contract.			
	I INTEND TO AND THAT I WILL CONEWPORT BEACH MUNICIPAL C		L THE OPERATION	IAL REQUIREMENTS (
CONTAINED IN THIS APPL	PERJURY, I CERTIFY THAT I HAV LICATION AND THAT IT IS TRUE A PROVISIONS OF CHAPTER 5.28 O	ND CORRECT.	I FURTHER CERTIF	Y THAT I HAVE READ
Name (Printed)	Title	Signature		Date