



CITY OF NEWPORT BEACH

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

OFFICE USE ONLY
Permit Number
Master ID

**ADULT ORIENTED BUSINESS
PERMIT APPLICATION**

\$1,404.00 application fee due upon submittal.
Make check payable to City of Newport Beach

BUSINESS INFORMATION

Name: _____ Email: _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Legal Description of Parcel: _____
 Anticipated Occupancy: _____ Date Enterprise Acquired: _____ Date of Commencement: _____

* Attach a Site Plan describing the building and/or unit proposed for the entertainment establishment and a fully dimensioned interior Floor Plan.

Describe all proposed entertainment activities. Attach additional sheets if necessary.

OWNER(S)

Attach information about any additional owners on a separate sheet

Name _____ Alias(es) _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Name _____ Alias(es) _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Have any of the owners previously operated any similar business under a permit or license? No Yes
 If Yes, has any owner ever had the license or permit revoked or suspended? No Yes
 If Yes, explain _____
 Is the Premises rented, leased, or being purchased under contract? No Yes
 If Yes, attach a copy of the lease or contract.

DECLARATION

I HEREBY CERTIFY THAT I INTEND TO AND THAT I WILL COMPLY WITH ALL THE OPERATIONAL REQUIREMENTS OF SECTION 5.96.025 OF THE NEWPORT BEACH MUNICIPAL CODE.

UNDER THE PENALTY OF PERJURY, I CERTIFY THAT I HAVE PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THAT IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF CHAPTER 5.96 OF THE NEWPORT BEACH MUNICIPAL CODE.

 Name (Printed) Signature Date