



Covina Police Department
 444 North Citrus Avenue
 Covina, CA 91723
 (626) 384-5595, Ext. 5623
<http://www.covinaca.gov/city-departments/police>

**ENTERTAINMENT PERMIT:
 PART A
 ESTABLISHMENT & APPLICANT
 INFORMATION**

**ENTERTAINMENT PERMIT APPLICATION:
 PART A – ESTABLISHMENT & APPLICANT INFORMATION**

(Please type or print clearly. If additional space is needed, attach additional pages.)

BUSINESS INFORMATION							
Date:	Permit Type: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent <input type="checkbox"/> Special Event					Application No.: <i>To be completed by Police Dept.</i>	
Business/Event Name:							
Business/Event Address:							
Contact Telephone Number:				Fax:			
Business Website:							
Business Type:	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar	<input type="checkbox"/> Night Club	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (<i>specify</i>) _____		
Covina Bus. License #:	<i>(Copy of license must be attached)</i>						
ABC License #:	ABC License Type:		<i>(Copy of license must be attached)</i>				
Days of Operation: (Check all that apply)	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours of Operation:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Hours of Food Service:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<i>(Copy of menu(s) must be attached)</i>							
Proposed Age Limits:	<input type="checkbox"/> 21+ (at all times) <input type="checkbox"/> 18+ (at all times) <input type="checkbox"/> No age limit (at any time) <input type="checkbox"/> Other (<i>specify</i>): _____						
Name of Manager(s):				CA Driver's License/ID #:			
Gross Sq. Footage:	Total:	Rest/Bar:	Dance:	Patio:			
Number of Parking Spaces:	On-Site: _____		Off-Site Parking Location:				
Security Alarm System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire Sprinkler System?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

ENTERTAINMENT INFORMATION							
Proposed Entertainment: (Check all that apply)	<input type="checkbox"/> TV	<input type="checkbox"/> Karaoke	<input type="checkbox"/> DJ	<input type="checkbox"/> Comedy	<input type="checkbox"/> Dance		
	<input type="checkbox"/> Other (<i>specify</i>): _____						
Days of Week: (Check all that apply)	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Proposed Hours of Entertainment	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Special Event Date(s):	_____						
Special Event Hours:	_____						
<i>Attach copy of any special event flyer/advertisement.</i>							
Will an Event Promoter be Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If "yes", provide name, address, and contact information of Event Promoter.</i>				

BUSINESS OWNERSHIP		
Business Owner:	_____	
Mailing Address:	_____	
Contact Person:	_____	
Contact Telephone Number:	_____	Contact E-Mail: _____
<p>Select the type(s) of business entity that owns and/or controls the entertainment establishment. Applicant is required to complete and submit the referenced Exhibit(s) based upon the type of business entity owning and/or controlling the entertainment establishment.</p>		
<input type="checkbox"/> Natural Person (Exhibits 1 & 6)	<input type="checkbox"/> Corporation (Exhibits 2 & 6)	<input type="checkbox"/> Limited Liability Company (Exhibits 3 & 6)
<input type="checkbox"/> Limited Partnership (Exhibits 4 & 6)	<input type="checkbox"/> General Partnership (Exhibits 5 & 6)	<input type="checkbox"/> Combination (Exhibits based upon combination)
<input type="checkbox"/> Other (Describe the entity or entities): _____		

<p>I, the undersigned, have read Covina Municipal Code Chapter 5.28 ("Entertainment") with reference to this application and the presentation of entertainment in the City of Covina. I am duly authorized as or by the business owner to submit this application on the business owner's behalf. I affirm under penalty of perjury that the contents of this application (and all Exhibits and Attachments hereto) are true and accurate.</p>			
Business Owner's /Agent's Printed Name:		Title:	
Business Owner's/Agent's Signature:		Date:	
Contact Telephone No.:	_____	E-Mail Address:	_____

PROPERTY INFORMATION:			
Assessor Parcel Number:		Zoning Designation:	
Property Owner:			
Owner's Mailing Address:			
Owner's Telephone No.:		Fax Number:	
Owner's E-Mail Address:			
Current Use of Property:			
Applicable Land Use Entitlements (e.g., CUP):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, attach copies of entitlements.</i>	
Open or Pending Building Permits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so, attach copies of any such permits.</i>	

I, the undersigned, am duly authorized as or by the property owner to provide consent for this application on the property owner's behalf.

Property Owner's Printed Name:			
Property Owner's Signature:		Date:	

ATTACHMENTS (check all that apply):

- Exhibit 1
- Exhibit 2
- Exhibit 3
- Exhibit 4
- Exhibit 5
- Exhibit 6
- Authorization for Release of Information
- Covina Business License
- ABC License
- Menu(s)
- Event Flyer/Advertisement
- Land Use Entitlements
- Building Permits
- Additional Pages (Number of additional pages: _____)
- Floor/Site Plan
- Security Plan