



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: EXHIBIT 4  
 LIMITED PARTNERSHIP ("LP")  
 INFORMATION**

**ENTERTAINMENT PERMIT APPLICATION: PART A: EXHIBIT 4  
 LIMITED PARTNERSHIP ("LP") INFORMATION**

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

Limited Partnership ("LP")				
<b>Limited Partnership Name:</b>		<b>CA Secretary of State File Number:</b>		
<b>LP address:</b>				
<b>LP Mailing Address (if different):</b>				
<b>Contact Telephone Number:</b>		<b>E-Mail:</b>		
<b>Name of Agent for Service of Process:</b>				
<b>Address of Agent for Service of Process:</b>				
Names & Complete Addresses of Each General Partner:				
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

Additional page(s) attached.

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.

<b>Printed Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

*Copy of the Certificate of Limited Partnership and all amendments thereto must be attached.*

Additional Information: \_\_\_\_\_