

**SAN FRANCISCO ENTERTAINMENT COMMISSION**  
**PLACE OF ENTERTAINMENT/EXTENDED-HOURS**  
**APPLICATION QUESTIONNAIRE**

All applicants must complete this questionnaire. No application will be accepted for filing until the entire questionnaire has been completed. (If necessary, attach additional sheets to answer a question).

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

List the Entertainment Permits that you are applying for:

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List the Entertainment Permits previously issued for this premises:

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Describe the present use of the premises. (i.e: bar, restaurant, rental hall)

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**Operations**

Days of the week open to the public: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Days and times of entertainment: \_\_\_\_\_

Type of food and/or beverage service: \_\_\_\_\_

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Do you have a liquor license? (If yes, please attach a copy with any conditions) \_\_\_\_\_

Name/number/type of liquor license: \_\_\_\_\_

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If no license, describe the status of the application: \_\_\_\_\_

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Occupancy limitations: \_\_\_\_\_

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Number of employees and their duties: \_\_\_\_\_

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Name(s) of manager(s) (e.g. Bar, Food, Security, General): \_\_\_\_\_

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Days/hours these managers will be on premises: \_\_\_\_\_

**Entertainment/Music**

Type of entertainment/music planned: \_\_\_\_\_

\_\_\_\_\_

Demographic of expected clientele: \_\_\_\_\_

If sound amplification to be used, specifically describe the amplification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you done any sound testing? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Do you have plans to do any soundproofing? \_\_\_\_\_ If yes, describe the  
soundproofing: \_\_\_\_\_

\_\_\_\_\_

Please attach any acoustical consultation or other relevant materials.

Is adult entertainment to be offered? Yes/No If yes, describe the entertainment: \_\_\_\_\_

\_\_\_\_\_

Is there another adult entertainment business within 1,000 feet from your premises?

\_\_\_\_\_ If yes, list the business(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a layout of your venue:

\_\_\_\_\_

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**EXTENDED-HOURS (Skip this section if not applying)**

Hours of operation for proposed business: \_\_\_\_\_

Days of operation for proposed business: \_\_\_\_\_

What type of food and/or beverage will you serve? \_\_\_\_\_

What type of after-hours entertainment will you offer? \_\_\_\_\_

Have you received a copy of 1070MPC, the section governing extended-hours premises? \_\_\_\_\_

**TRAFFIC AND PARKING**

Describe street location and cross streets: \_\_\_\_\_

Attach a diagram to this questionnaire, showing your street, and all cross-streets, alleys and driveways. Include the number of lanes, direction of travel, and whether streets are one-way.

Describe the parking and stopping restrictions on your block. Include both sides of the street and immediate cross-streets and alleys: \_\_\_\_\_

How many patrons are expected to arrive by car per day? \_\_\_\_\_

What will be your peak usage periods? \_\_\_\_\_

How many patrons are expected to arrive by car during peak usage period? \_\_\_\_\_

\_\_\_\_\_

Where will your patrons/member park? Give location, number of space reserved and attach contracts: \_\_\_\_\_

\_\_\_\_\_

Do you intend to offer valet parking? Give location, number of space reserved and attach contracts: \_\_\_\_\_

\_\_\_\_\_

Where will truck/commercial vehicle loading/unloading occur? \_\_\_\_\_

\_\_\_\_\_

Do you have a nearby passenger loading zone or red zone available for your use? If yes, describe the type of zone and location: \_\_\_\_\_

\_\_\_\_\_

How will parking be made available for persons with disability? \_\_\_\_\_

\_\_\_\_\_

### **ZONING**

What is your zoning district? \_\_\_\_\_

Is your business within a Special Use District? \_\_\_\_\_ If yes, please identify the district: \_\_\_\_\_

Identify and describe the location of any school, day care facility, playground, park, or place of worship within a two block radius of your proposed location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **CONSTRUCTION/RENOVATION**

Describe any construction, renovation or other improvements planned for building and the timetable for completion: \_\_\_\_\_

\_\_\_\_\_

Do you have permits for this work? If not, have you applied for permits? \_\_\_\_\_

Describe the steps you have taken or will take for complying with disability access requirements: \_\_\_\_\_

**SECURITY**

The San Francisco Police Code Section 1060.5 has been modified and now requires a “security plan” be submitted with an application for Place of Entertainment permits. The Entertainment Commission has requested that all permit holders also comply with this requirement. By answering the following questions, you will be submitting a plan in accordance with the Police Code requirements. Please attach any further information on your security plans, if available.

1) Based on you occupancy and events programming, the law requires you to hire at least one security personnel for every hundred patrons. How many security personnel will be on staff during the week and on weekends?

\_\_\_\_\_  
\_\_\_\_\_

2) How many exits does your venue have? \_\_\_\_\_ Will you be staffing all exits every night of the week? Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) Please submit a floor plan of your venue with all security positions marked.

4) Will you be using in-house security or will you be using an outside security company?

\_\_\_\_\_  
\_\_\_\_\_

5) You are liable for the actions of your security personnel on your premises. If you are using in-house security, please submit a copy of your insurance coverage as it relates to security for your venue.

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6) If you are using an outside security company, please submit a copy of their insurance coverage and state licensing.

7) What kind of training and/or certification are you requiring of your security personnel (e.g. LEAD Training, Guard Cards?) *Please be aware that you must comply with State Law SB194, Proprietary Private Security Officer Registration requirements ([www.dca.ca.gov/bsis](http://www.dca.ca.gov/bsis)) for more information.*

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8) The law requires that you secure your entire perimeter 50 feet in all directions. What is your plan for doing so?

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9) What are your door policies? (e.g. pat downs, bag checks, metal detectors).

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10) Describe your plan to control lines or crowds on the sidewalks and streets surrounding your business (entry of patrons) as well as your plans to exit and disburse your patrons.

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11) Is there a separate exterior area designated for smoking? \_\_\_\_\_

If not, how will you deal with the associated noise issues?

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12) What is your plan to exit patrons in case of emergency?

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13) Will you be hiring any SFPD 10B officers or other Patrol Specials for events?

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14) Will you have medical staff (EMT, Paramedics) on site during your events at your venue? \_\_\_\_\_ Will you be using in-house medical staff or will you be using outside medical staff company?

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15) If you are using an outside medical staff company, please submit a copy of their insurance and state licensing.

16) If you have an ABC license that allows all ages, will you be doing all ages or 18 and over events? \_\_\_\_\_ What additional security will you be implementing, and how will your security and medical plan change?

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**NEIGHBORHOOD CONTACTS**

Have you met with any local neighborhood associations or other groups concerning your proposed use of the premises? \_\_\_\_\_ If yes, list those groups: \_\_\_\_\_

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**DECLARATION**

I, \_\_\_\_\_, declare under penalty of perjury that the foregoing is true and correct. I understand that any false or incomplete information provided by me in connection with this application constitutes cause to either deny the requested permit or revoke the permit if granted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant