

## Entertainment Commission

### PERMIT APPLICATION

Type of Permit: \_\_\_\_\_

☐ New Application   ☐ Renewal: Old # \_\_\_\_\_

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

☐ Amendment

Receipt No.: \_\_\_\_\_

☐ Adding Partners to Existing Permit # \_\_\_\_\_

#### Part 1: Please Print Clearly – Complete Entire Front Side

Applicant's Name				Residence Address				Residence Phone	
Last	First	Middle		Number	Street	Apt#	City	State	Zip
Race	Sex	Height	Weight	Eye Color	Hair Color	Date of Birth		Place of Birth	
(Optional)									
Driver's License Number and State									
Social Security Number									
Any Other Name(s) Used					Mailing Address (if different than residence)				
					Number	Street	Apt#	City	State   Zip
Business Name / Employed By / Name of Organization					Business Address				
					Number	Street	Apt#	City	State   Zip
If Corporation, give name					Date and Place of Incorporation			Business Phone	
List your residences for the last five years. (Use additional form, if necessary)									
From Date		To Date		Address Resided At (Number, Street, Name, City)					
List your employment for the last five years. (Use additional form, if necessary)									
From Date		To Date		Company Name		Company Address		Type of Work	
Have you ever been convicted of, or plead guilty or No Contest to any Crime?									
<i>If yes, provide the information required below. Use additional forms If necessary <b>Failure</b> to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.</i>									
Offense		Date		Place of Arrest		Disposition			

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<b>Part 3: Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center</b> <i>These permits do not include jukeboxes</i>				<b>Office Use Only</b>
Total number of devices, subject to permit, to be placed, maintained, or operated: _____				<b>Warrants</b>
What type of business, if any, is now operated at the place where said devices are to be placed, maintained, or operated?				
Give a complete description of each device to be operated:				
No. of other devices (describe):				No. of Pinball Machines: _____ No. of Video Games: _____ No. of Pool tables: _____
Give the name of the company, corporation, or individual from whom the machines are being rented. If self-owned, state so:				
<b>Part 4: Additional Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center.</b> <i>These permits do not include jukeboxes</i>				
How many devices do you have on the premises now:				
No. of other devices (describe):				No. of Pinball Machines: _____ No. of Video Games: _____ No. of Pool tables: _____
How many devices are to be added by this application:				
No. of other devices (describe):				No. of Pinball Machines: _____ No. of Video Games: _____ No. of Pool tables: _____
<b>Part 5: Acknowledgement and Declaration</b>				
<p>I, _____, understand that there may be sections of the San Francisco Municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, and legal bookstores. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.</p>				
Date: _____		Signature of Applicant: _____		
<b>Office Use Only</b>				
Hearing Date	Received By	Temp. Issued By	Class Date	