

**NOTE: READ INSTRUCTION PRIOR TO COMPLETING THIS FORM**

**INSTRUCTIONS:**

1. SOLE PROPRIETOR APPLICANT: COMPLETE SECTION A & E
2. CORPORATE APPLICANT: COOMplete A, B, D, & E
3. PARTNERSHIP APPLICANT: COMPLETE SECTION A, C, D, & E

**LETTER OF INTENT FORM  
SAN FRANCISCO ENTERTAINMENT COMMISSION**

DATE

TYPE OF PERMIT(S)		
<b>SECTION A</b>		
APPLICANT'S NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE
BUSINESS NAME  LAST    FIRST    MIDDLE	BUSINESS ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	BUSINESS PHONE
PHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 9:00 A.M. AND 5:00 P.M.		
<b>NAMES AND ADDRESS OF PERSONS WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES:</b>		
NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE
NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE
NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE
<b>NAMES AND ADDRESS OF PERSONS AUTHORIZED TO ACCEPT SERVICE OF PROCESS:</b>		
NAME  LAST    FIRST    MIDDLE	MAILING ADDRESS  NUMBER    STREET                    APT#                    CITY                    STATE    ZIP CODE	
PREMISES  <input type="checkbox"/> LEASED <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	NAME AND ADDRESS OF OWNER	
<b>SECTION B</b>		
<b>NAMES AND ADDRESS OFFICER AND / OR DIRECTORS OF THE CORPORATION: (USE ADDITIONAL SHEET IF NECESSARY)</b>		
CORPORATE TITLE	NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE
CORPORATE TITLE	NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE
CORPORATE TITLE	NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE
<b>SECTION C</b>		
NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE
NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE
NAME  LAST    FIRST    MIDDLE	RESIDENCE ADDRESS  NUMBER   STREET   APT#    CITY    STATE    ZIP CODE	RESIDENCE PHONE

**SECTION D**

HAVE PARTNERS, OFFICES, DIRECTORS OF CORPORATE, EVER BEEN CONVICTED OF ANY CRIME EXCEPT MISDEMEANOR TRAFFIC VIOLATIONS?  YES  NO

NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE
NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE

**SECTION E**

**DESCRIBE IN DETAIL YOUR PROPOSED BUSINESS OR SPECIFIC ACTIVITY:** (INCLUDE IN YOUR DESCRIPTION THE HOURS AND DAYS OF THE PROPOSED BUSINESS, THE SPECIFIC TYPE OF ACTIVITY, THE HOURS AND DAYS OF EACH SPECIFIC ACTIVITY, THE LOCATION IF DIFFERENT FROM THE BUSINESS ADDRESS, TYPE OF ITEMS SOLD OR RENTED, TYPE OF LIVE ENTERTAINMENT, TYPE AND LOUDNESS OF SOUND SYTEM, TYPE AND AMOUNT OF SOUNDPROOFING, AND PERMITS OR LICENSES THAT HAVE BEEN APPLIED FOR OR ARE ALREADY IN EFFECT AT THE PROPOSED LOCATION, AND ANY SPECIFIC INFORMATION AS REQUIRED BY THE SAN FRANCISCO MUNICIPAL CODE OR STATE OF CALIFORNIA CODES, WHO? WHAT? WHERE? WHY? WHEN? HOW?)

HAVE YOU EVER HAD A POLICE PERMIT?  YES  NO IF YES, LOCATION PERMIT USED

TYPE OF PERMIT	DATES PERMIT USED	LOCATION PERMIT USED

**DECLARATION**

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT