



Entertainment Commission

City and County of San Francisco

Limited Live Performance Permit

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Limited Live Performance Permit Application

Date: _____ New Application Amendment

All applicants must complete this questionnaire. No application will be accepted until the entire questionnaire has been completed. You may attach additional documents to answer all of the questions.

Applicant Name:
Residence Address:
Email Address:
Cell Number:
Business Number:
Mailing Address (if different than above):
Driver's License Number & State:
Business Address:
Business Account Number (Issued by Treasurer & Tax Collector):

Business Name: _____

Corporate Entity Name: _____

List the Entertainment Permits previously issued for this premises:

Describe the present use of the premises (e.g.: bar, restaurant, café):

Describe how you would like to use the permit(s) you are applying for:



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Operations:

Days of the week open to the public: _____

Hours of operation: _____

Proposed days and times of entertainment: _____

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

Days/hours these managers will be on premises: _____

Number of employees: _____

Describe their duties: _____

Type of food/and or beverage service: _____

Do you have a liquor license? (If yes, please attach a copy **including conditions**): _____

Name/number/type of liquor license: _____

If you are applying for a liquor license, describe the status of the application:

Occupancy (per SFFD/attach SFFD permit if applicable): _____



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Live Performances:

If sound amplification is to be used, specifically describe the amplification:

Please attach a layout of your venue indicating the performance area(s) and their size. The total performance area must be 200 square feet or less.

Outdoor Amplified Sound and/or Entertainment:

Type of entertainment/outdoor amplified sound planned (e.g.: speech or music):

Proposed days and times of outdoor amplified sound and/or entertainment:

If sound amplification is to be used outside, specifically describe sound system and its location: _____

List any hospitals, schools, houses of worship, courthouses, or public libraries within 300 feet of the premises that operate during the proposed hours of outdoor amplified sound and/or entertainment: _____

Please attach a layout of the outdoor area indicating the performance space and location of sound amplification. The total performance area must be less than 200 square feet. This includes indoor and outdoor performance areas. If applicable, provide layouts for indoor and outdoor performance areas, indicating their individual square footage.

I hereby certify that the business shall comply with the maximum noise levels as established under the Police Code (MPC 1060.16) for the outdoor portion of this premises.

Signature of Applicant

Date



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Neighborhood Outreach:

Describe how you have or plan to reach out to neighbors concerning your proposed use of the premises (please note: this will be explained in further detail during your intake meeting with EC staff): _____

Acknowledgement and Declaration:

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, Online, the Public Library, and legal bookstores. 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 if granted.

I acknowledge that this application is not complete until I have submitted payment and the required supplemental documents (listed on the following page).

Name of Applicant: _____

Signature of Applicant: _____

Date: _____



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Prior to the Entertainment Commission’s review of this permit application, the following City agencies must submit their recommendations of approval.

City Planning: You do not need to contact the Planning Department after submission of this application. The Entertainment Commission will contact them directly.

Police Department: The Entertainment Commission will contact SFPD directly, but we strongly encourage you to contact your permit officer to introduce yourself and explain your planned use of this permit.

SFPD Contact: _____

We require the submission of the following documents with your Limited Live Performance permit application:

- California Alcohol and Beverage Control license, with conditions listed out (if applicable)
- San Francisco Business License (issued by Treasurer & Tax Collector)
- San Francisco Department of Public Health permit to operate (for any fixed place food and/or beverage sales)
- San Francisco Fire Department occupancy certificate (if occupancy is greater than 49 persons)
- Layout of premises depicting where entertainment will be held both inside and outside (total performance area may not exceed 200 square feet)
- This permit requires that a notice be posted for 30 days to advise the general public of the application. You will sign an affidavit of posting and post the notice at your premises. The notice must remain posted conspicuously and continually for 30 days prior to the hearing date.

I, _____, applicant for the above described permit, have read the foregoing and understand that acceptance of my permit application by the Entertainment Commission in no way entitles me to do business prior to being granted and issued the permit itself. I further understand that the Entertainment Commission’s action on my application is contingent upon prior inspection and approval of the above indicated City agencies.

Signature

Date

I, _____, _____ have explained the foregoing to the applicant above.

Signature

Date



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LETTER OF INTENT Limited Live Performance Permit

Date _____

Section A – Each person owning 10% or more of the business must complete SECTION A of this form (attach additional pages for each owner)

APPLICANT NAME (LAST, FIRST)	APPLICANT CELL PHONE		
EMAIL ADDRESS			
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP
BUSINESS ENTITY NAME			
DATE AND PLACE OF INCORPORATION			
BUSINESS (dba) NAME	BUSINESS PHONE		
BUSINESS (dba) ADDRESS			
STREET	CITY	STATE	ZIP
LIST ALL PEOPLE WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES BELOW:			
NAME (LAST, FIRST) AND THEIR ROLE		CELL PHONE	
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP
NAME (LAST, FIRST) AND THEIR ROLE		CELL PHONE	
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP

Section B – List all Officers and/or Directors of the Business Entity (attach additional pages if needed)

NAME (LAST, FIRST)	CELL PHONE		
LAST	FIRST		
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP
NAME (LAST, FIRST)		CELL PHONE	
LAST	FIRST		
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP

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.

Signature

Date



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Contact Information for Venue Owner(s) and Managers

Venue Name: _____

Venue Address: _____

Venue Phone: _____

Venue Email: _____

Owner #1

Name: _____

Email: _____

Cell Phone: _____

Owner #2

Name: _____

Email: _____

Cell Phone: _____

Manager #1

Name: _____

Email: _____

Cell Phone: _____

Manager #2

Name: _____

Email: _____

Cell Phone: _____