



**SAN JOSE POLICE
DEPARTMENT
PERMITS UNIT
(408) 277-4452**



EVENT PROMOTER PERMIT INFORMATION SHEET

The following items are **required** as part of your application for an **Event Promoter Permit**:

- A copy of your Business License Tax Certificate issued by the Finance Department located at City Hall, 200 E Santa Clara St, 1st flr, San Jose (408) 535-7055
- A completed “Event Promoter Permit Application - Questionnaire”
- A completed “Affidavit”
- A completed “Authorization for Release of Information”
- After a review of the above listed information you will be required to have your fingerprints scanned at the Sheriff’s Office. The San Jose Police Permits Unit will direct you after submission of application.

It shall be unlawful for any Event Promoter to engage in event promotion activities in the City without first having obtained an Event Promoter Permit from the Chief of Police.

It shall also be unlawful for any person to have more than a 10% interest, legal or equitable or otherwise, in any Event Promotion Business without first having obtained an Event Promoter Permit from the Chief of Police.

Each Event Promoter Permit issued shall expire two (2) years after the date of issuance.

The Event Promoter Permit shall be shown to any Police Officer, City Inspector or other person authorized to enforce the San Jose Municipal Code upon request.

Submission of application and fees alone does not satisfy Event Promoter operating regulations and conditions.

Fees are non-refundable and issuance of a receipt is only written acknowledgment that a fee was paid. **The receipt is not an Event Promoter Permit.**

An application shall not be deemed completed until all applicable fees have been received and the Police Department has completed the background investigation (which could include requesting and obtaining more information from the applicant).

If you have any questions, please call the San Jose Police Department Permits Unit at (408) 277-4452 or the San Jose Police Department Vice Unit at (408) 277-4322.



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EVENT PROMOTER PERMIT APPLICATION - QUESTIONNAIRE

Next to each question, please answer “Yes” or “No.” If you answer “Yes” to any of the questions, please attach a separate sheet of paper explaining your answer and providing all information necessary for the Police Department to confirm the information you provided, including, but not limited to the jurisdiction where the activity occurred. A “Yes” answer does not necessarily mean you will be denied a permit. Additional documentation may be requested by the Police Department if the information presented is deemed insufficient to complete the investigation.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS: For purposes of this questionnaire, “you” shall mean any person, firm, association, organization, partnership, business trust, company, corporation, public agency, school district, the State of California and its political subdivisions, and/or instrumentalities thereof.

1. _____ Have you ever applied for or received a license, certificate, permits, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever had a license, certificate, permit, or registration to practice in a regulated profession denied, suspended, revoked, or in any way conditioned, curtailed, limited, or restricted in or by any jurisdiction (including San Jose)?
3. _____ Is any administrative, civil or criminal action pending against you now by any licensing or regulatory agency?
4. _____ Have you ever been party to a lawsuit as either a plaintiff or defendant where the lawsuit involves allegations of unlawful business practices, fraud, breach of contract, or unlawful detainer?
5. _____ Have you ever been convicted of a crime that is substantially related to the qualifications, functions or duties of the event promotion business?
6. _____ Have you ever been convicted of a crime involving fraud, dishonesty or deceit?
7. _____ In the last five (5) years, have you been convicted of a felony?
8. _____ Have you ever applied for a permit to carry a concealed weapon?
9. _____ Have you ever been the restrained party or petitioner of Restraining Order, Preliminary or Permanent Injunction?
10. _____ Have you ever used another name or alias?

11. _____ Do you have a valid City of San Jose Business License Tax Certificate?
12. _____ Have you owned or leased premises that have been the subject of an administrative, civil or criminal nuisance abatement action and court judgment or administrative determination finding the premises to be a nuisance within the last (5) years?
13. _____ Have you employed or otherwise contracted for, or are you planning on employing or contracting for, the services of a person who has previously had an Event Promoter Permit application denied or an Event Promoter Permit suspended or revoked?
14. _____ If you are a firm, association, organization, partnership, business trust, company, corporation, public agency, school district, or the state of California, its political subdivisions and/or instrumentalities thereof, has any person holding an ownership interest of more than 10% in your organization ever had any permit or license denied, suspended or revoked by any agency?
15. _____ Are the premises where the event promotion business activity will occur in violation of any building, zoning, health, safety, fire, police or other provision of the SJMC or of county, state or federal law?
16. _____ In the last five (5) years have you applied for, but were denied, an Event Promoter Permit?
17. _____ In the last five (5) years have you had an Event Promoter Permit suspended or revoked?



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PROMOTER PERMIT APPLICATION – BACKGROUND INFORMATION

Business

Owner

INDIVIDUAL APPLICANT INFORMATION

Last Name: _____ First: _____ MI: _____

Date of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ (Male:) (Female)

Home Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____

Home Phone No: _____ Cell phone No: _____

California DL/ID Number: _____ Other Government Photo ID _____

BUSINESS APPLICANT INFORMATION

Name of Business/DBA: _____

Business Address: _____ City: _____ St: _____ Zip: _____

Business Phone No. _____

Business Fax No. _____

Website Address: _____

Information regarding individual applying for Entertainment Business Permit on behalf of Business:

Last Name: _____ First: _____ MI: _____

Date of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ (Male:) (Female)

Home Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____

Home Phone No: _____ Cell phone No: _____

California DL/ID Number: _____ Other Government Photo ID _____

Name of Primary Manager of the Business: _____

Telephone Number of Primary Manager: _____

Employment History (for individuals and for those persons applying on behalf of business entity):

Beginning with your current employment, list your work history for the previous five years. You may attach a separate sheet of paper to complete your list if necessary.

Company Name	
Address	
City, State, Zip	
Phone No.	
Supervisor/Contact Name	
Dates of Employment	
Description of Job Duties	
Reason Left Employment	

Company Name	
Address	
City, State, Zip	
Phone No.	
Supervisor/Contact Name	
Dates of Employment	
Description of Job Duties	
Reason Left Employment	

Company Name	
Address	
City, State, Zip	
Phone No.	
Supervisor/Contact Name	
Dates of Employment	
Description of Job Duties	
Reason Left Employment	

Residence History (for individuals and for those persons applying on behalf of business entity):

Residence: List all residences you have had for the past three years. Please attach additional pages if necessary.

Number & Street Name	
City, State, Zip	
Length of Stay	
Contact Person / Phone	

Number & Street Name	
City, State, Zip	
Length of Stay	
Contact Person / Phone	

Number & Street Name	
City, State, Zip	
Length of Stay	
Contact Person / Phone	

If you are an Event Promoter, list All Persons Who Will Manage or Be in Charge of the Operation of the Business:

Complete Name	
Date of Birth	
Address	
City, State, Zip	
Phone No.	
Position at Business	

Complete Name	
Date of Birth	
Address	
City, State, Zip	
Phone No.	
Position at Business	

Complete Name	
Date of Birth	
Address	
City, State, Zip	
Phone No.	
Position at Business	

Complete Name	
Date of Birth	
Address	
City, State, Zip	
Phone No.	
Position at Business	

Complete Name	
Date of Birth	
Address	
City, State, Zip	
Phone No.	
Position at Business	

Complete Name	
Date of Birth	
Address	
City, State, Zip	
Phone No.	
Position at Business	

If You Are A Business Entity, Please Identify the Type of Business:

Sole Proprietor Partnership Corporation Other_____

If your business is a corporation, complete the following for the officers. Please also attach a copy of the "Statement of Information" form filed with the state's Department of Corporations for the state where you are incorporated. If you are not incorporated in California, please provide proof that you are authorized by California's State Department of Corporations to conduct business in California:

President/Name:	Address:
Telephone No.	

Vice-President/Name:	Address:
Telephone No.	

Secretary/Name:	Address:
Telephone No.	

Treasurer/Name:	Address:
Telephone No.	

Directors or Trustees

Name:	Address:
Telephone No.	

Name:	Address:
Telephone No.	

Name:	Address:
Telephone No.	

Name:	Address:
Telephone No.	

Name:	Address:
Telephone No.	

Shareholder(s) owning 10% or more:

Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership

Date of incorporation: _____ Where was certificate filed: _____

If your business is a partnership, list all general and limited partners (owning more than 10%):**Partners(s) owning 10% or more:**

Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership
Name:	Address:
Telephone No:	% Ownership

List 5 professional references

Company Name:	
Address:	
City, State, Zip	
Cell Phone No.	

Company Name:	
Address:	
City, State, Zip	
Cell Phone No.	

Company Name:	
Address:	
City, State, Zip	
Cell Phone No.	

Company Name:	
Address:	
City, State, Zip	
Cell Phone No.	

Company Name:	
Address:	
City, State, Zip	
Cell Phone No.	

Company Name:	
Address:	
City, State, Zip	
Cell Phone No.	

List any municipalities or cities with which you hold a business license and/or have conducted business in the last five years.

City Name:	
Business Address:	
City, State, Zip	
Phone No.	
Type of license	
Term of license	
Name on license	

City Name:	
Business Address:	
City, State, Zip	
Phone No.	
Type of license	
Term of license	
Name on license	

City Name:	
Business Address:	
City, State, Zip	
Phone No.	
Type of license	
Term of license	
Name on license	

City Name:	
Business Address:	
City, State, Zip	
Phone No.	
Type of license	
Term of license	
Name on license	

City Name:	
Business Address:	
City, State, Zip	
Phone No.	
Type of license	
Term of license	
Name on license	

Affidavit

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application for an Event Promoter Permit, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this application and its supporting documentation discloses all material facts regarding the applicant and associated individuals necessary to allow the Chief of Police to properly evaluate the applicant's qualifications for licensures.

If the applicant is a business entity, I, as the person signing below do hereby represent and warrant that the business entity is authorized to do business in California and that I have full right, power and authority to sign on behalf of the business entity and carry out all actions contemplated by this application, and that any permit issued to the business entity constitutes valid, binding and enforceable obligations of the business. Upon the Department's request, I promise to provide the Department with evidence reasonably satisfactory to the Department confirming the foregoing representations and warranties.

I will ensure that any information subsequently submitted to the Department in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or restricted by other law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation. (San Jose Municipal Code 6.02.050)

I acknowledge that I have reviewed/received Chapter 6.62 of the San Jose Municipal Code. I am authorized by the business, to state that the reviewed business fully understands its legal obligations and agrees to comply with and obey all the ordinances and statutes listed in the San Jose Municipal Code. Additionally, the business recognizes its responsibility for obeying all Federal, State and local statutes.

I further understand that any misrepresentations, omissions or falsifications will be grounds for the denial of the permit and/or future suspension or revocation of the permit.

Print Name Here:	
Title:	
Signature:	
Date:	
Address:	
City, State, Zip	
Contact Phone No.	

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, declare that I am the applicant described and identified in this application for licensure, certification, or registration in the City of San Jose.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department ("Department") any files, records, or information of any type regarding:

(If Applicant is Business Entity, Insert Legal Name of Business Entity Below:)

ENTITY

(If Applicant is Individual, Insert Legal Name and Date of Birth Below :)

NAME

DATE OF BIRTH

The information is being requested by the San Jose Police Department to properly evaluate my qualifications for licensure, certification, or registration by the City of San Jose. A copy of this Authorization shall be as valid and provide the same authorization as the original.

Print Name of Individual or person authorized to sign on behalf of business entity:	
Title: (if applicable)	
Signature:	
Date:	
Address:	
City, State, Zip	
Cell Phone No.	
Email Address:	

DO NOT WRITE BELOW THIS LINE

Bus \$ _____ VAX Acct _____ Exp Date: _____
Owner \$ _____ VAX Acct _____ Exp. Date _____
I.D. \$ _____
Total \$ _____ Permit ID NO: _____ Recpt No. : _____

Reviewer's Signature _____ Badge No. _____ Date _____

Questionnaire Yes / No
ABC License and Conditions Yes / No Exp Date _____
Copy of Business License Tax Certificate Yes / No Exp Date _____
Health Permit Yes / No Exp Date _____
Fire Dept Inspection Yes / No Exp Date _____
 Maps Yes / No Occupancy _____
 Square Footage: _____
Conditional Use Permit Yes / No Exp Date _____
OR Legal Non-Conforming: Yes / No Date of Letter: _____
Business Operations Plan Yes / No
Copy of current business lease Yes / No
Letter from property owner Yes / No

Program Officer file review? **YES / NO**

Signature _____ Badge _____ Date _____

Vice Investigator Approval: **YES / NO**

Signature _____ Badge _____ Date _____

Applicant notified of: **DENIAL APPROVAL**

Signature _____ Badge _____ Date _____