

# Entertainment Permit Application

## City of Irwindale

Planning Department

City Use:

Date \_\_\_\_\_ Case No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ By \_\_\_\_\_

Please, complete the following information thoroughly to provide us with all the information necessary to review this application. If you need assistance, please contact the Planning Department at (626) 430-2208 Monday - Thursdays. The application process can be quite lengthy, as it requires City Council approval. Please allow at least 60 days from your application date until you plan to begin providing entertainment. \*

**Please print or type**

**A. Name of Proposed Project:**

\_\_\_\_\_

**B. Location of Event:**

\_\_\_\_\_

**C. Legal description of project (include Assessor s Parcel No.):**

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

**D. Property Owner Information:**

Name of legal property owner:

\_\_\_\_\_

Address and telephone

\_\_\_\_\_

**E Applicant Information — Name(s) and permanent address of applicant(s):**

1) Name \_\_\_\_\_ Drivers License No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

2) Name \_\_\_\_\_ Drivers License No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

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**F. The name, proposed and current, if any, and business address of applicant:**

(Note: If applicant is a corporation, the name shall be exactly as set forth in its Articles of Incorporation and the applicant shall show the name and residence address of each of the officers, directors, and each stockholder owning ten percent (10%) of the stock of the corporation or more. If the applicant is a partnership, the application shall show the names and residence address of each of the members, including limited partners)

Name (current and proposed):

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Business Address and Telephone:

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State Board of Equalization account no. \_\_\_\_\_

Name (current and proposed):

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Business Address and Telephone:

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State Board of Equalization account no. \_\_\_\_\_

**G. A detailed description of the proposed entertainment, including type of entertainment, and number of persons engaged in the entertainment whether the entertainment is live or recorded, and any other information which may be helpful in reviewing the application (may attach separate sheets, if necessary):**

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**H The date or day-of-week, hours and location of entertainment (attach floorplan) and admission fee, if any, to be charged: Admission fee Yes / No amount \$ \_\_\_\_\_**

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**OFFICE USE ONLY**

**Date Application Received:** \_\_\_\_\_

**Fees:** Application Fee\* \_\_\_\_\_

**Date Fees Paid:** \_\_\_\_\_

Other Fee(s) \_\_\_\_\_

**Total** \_\_\_\_\_

**\*Non-Refundable**

**Approvals and Conditions:**

Finance \_\_\_\_\_

Planning \_\_\_\_\_

Public Works \_\_\_\_\_

Police \_\_\_\_\_

City Manager \_\_\_\_\_

**Attachments:** \_\_\_\_\_

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**Other Provisions:** \_\_\_\_\_

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