



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
www.encinitasca.gov
Phone: 760-633-2708
Email: permits@encinitasca.gov

ENTERTAINMENT ESTABLISHMENT APPLICATION SUPPLEMENTAL

Company Name: _____

Owner(s) of Company: _____

Each partner/business associate must complete a Background Application and Authorization to Release Information form.

Manager Name(s): _____

Each manager must complete a Background Application and Authorization to Release Information form.

List all fictitious names the business will operate or advertise under:

Type of Entertainment to be conducted (check all that apply):

Live Band Karaoke Other

Age group of participants: _____

Will alcoholic beverages be served? Yes No

Will dance be permitted? Yes No

Days entertainment will be conducted: M T W Th F Sa Su

Hours entertainment will be conducted: From _____ AM PM To _____ AM PM

By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are ground for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: _____

Date: _____

Signature: _____