



Application for Live Entertainment Permit (Vista Municipal code Chapter 5.24)

If applicant is a partnership, corporation, or LLC, names of all owners, partners, directors, trustees, etc., with at least a 10% ownership must be shown.

Check one: Single ownership Partnership Corporation LLC

If other than single ownership, state name of entity: _____

Business Information:

Name: _____ Phone: _____

Address: _____

Days and Hours of Operation: _____

Other Business Licenses in Vista: _____

Is the business in one of the following areas?

- Industrial Zone (M-1 zone, I-P zone, Business Park Specific Plan, or Specific Plan 14)
- Historic Downtown planning district
- Paseo Santa Fe planning district
- Area "A" of the Central Vista Business Improvement District (CVBID)

Please describe the nature of the business or principal activities conducted on the premises for which live entertainment is requested:

Type of Entertainment:

Describe the type of entertainment proposed:

What is the maximum number of band members performing during live entertainment: _____

Square Footage of the area in which the live entertainment activity will occur? _____

(Please attach a floor plan to this application; identify where the live entertainment will occur.)

What is the maximum capacity of the room(s) where live entertainment will occur? _____

Amplification (microphone)? Yes No

Will there be live entertainment outdoors or semi-outdoors (windows and doors open)*?

Yes No

*** Amplified live entertainment outdoors/semi-outdoors is limited to designated planning districts/areas; outdoor entertainment is only allowed in permitted patio areas**

If so, please describe and **attach a floor plan** showing the area:

Dancing*? Yes No

*** The business must have a minimum 10 x 10 designated area for dancing**

Size of dance floor? _____ (Please ensure the dance floor is shown on the floor plan)

Days and times when live entertainment will be provided? Please indicated all preferred days and times requested

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Will alcohol be served? Yes No

If yes, do you have a current ABC license? Yes No

Please attach a copy of the ABC license to the application OR provide the ABC License Application Number here: _____

Has any owner, operator, or employee been issued a criminal or administrative citation for violating alcoholic beverage control or any other law that is currently awaiting legal or ABC administrative action? **If so, please explain:**

Manager of Venue or Program: (Must complete Misc. Info. Sheet for Sheriff's Department)

Name: _____ Phone: _____

Address: _____

Period of residence in Vista _____

List Business Owners (with 10%+ share of ownership): (Must complete Miscellaneous Information Sheet for each owner for Sheriff's Department.) If business owner is a corporation, Limited Liability Company, or partnership, list all officers or partners. If additional owners, please add attachment.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Please list all misdemeanor or felony offense(s) resulting in conviction or plea of nolo contendere within the past ten years:

Date	Place/ Agency	Charge	Disposition
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Property Owner:

Name: _____ Phone: _____

Address: _____

Approval for entertainment: Yes No

Adjacent Neighbor Support of Entertainment (attach additional sheets if necessary):

Business Name: _____ Phone: _____

Address: _____

Support for entertainment: Yes No

Name and title of person spoken to: _____

Business Name: _____ Phone: _____

Address: _____

Support for entertainment: Yes No

Name and title of person spoken to: _____

Business Name: _____ Phone: _____

Address: _____

Support for entertainment: Yes No

Name and title of person spoken to: _____

Business Name: _____ Phone: _____

Address: _____

Support for entertainment: Yes No

Name and title of person spoken to: _____

Business Name: _____ Phone: _____

Address: _____

Support for entertainment: Yes No

Name and title of person spoken to: _____

Permit Type Requested (circle permit type):

Permit Type	Alcohol	Amplification	Dancing	Fees
1	No	No	No	\$ 37.50
1A	Yes	No	No	\$ 50.00
2	No	Yes	No	\$ 50.00
2A	Yes	Yes	No	\$ 75.00
3	No	Yes	Yes	\$ 75.00
3A	Yes	Yes	Yes	\$100.00

Responsible Beverage Sales and Service

In accordance with VMC §5.10, Alcoholic Beverages – Responsible Beverage Sales and Service, the licensee, manager, and servers must complete Responsible Beverage Sales and Service (RBSS) Training every three years. To verify compliance, please submit a list of all employees as well as a copy of their RBSS certification.

Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. Any false or misleading responses to any of the questions are grounds for denial of a live entertainment permit.

Date

Signature of Applicant

Live entertainment permits are valid for a period of 24 months and payable in advance.

One \$50.00 Sheriff’s investigation fee will be added to the invoice for the live entertainment permit.

Submission information

Submit the following documents to Sara Trench, Management Analyst, via hand delivery or mail (200 Civic Center Drive, Vista, CA, 92084) or via email to strench@cityofvista.com.

- Completed and signed application
- Floor plan
- Copy of ABC license (if number not included in application), if alcohol will be served
- Completed Sheriff’s Department Miscellaneous Information Sheet for all business partners owning 10% or more of the company and manager
- List of employees and copies of Responsible Beverage Sales and Service certificates (for licensee, managers, and servers), if alcohol will be served