



1010 Tenth Street, PO Box 642, Modesto, CA 95356
(209) 577-5344 • (209) 342-4705 fax

Entertainment Permit Checklist

To obtain an Entertainment Permit, fill out the required application and include all necessary information. To ensure the application will be processed in a timely manner, complete the entire application and provide all requested copies. It is unlawful for any person to own, conduct, operate, maintain or participate therein in any place of entertainment in the City of Modesto without first having obtained a permit from the Entertainment Commission. Failure to obtain an entertainment permit can result in penalties under the new ordinance. Your establishment/business can be cited under Municipal Code 4-1.420, which can result in a misdemeanor.

FILING FEES

- Entertainment Application Fee (Non-Refundable) - \$25
- Entertainment Establishment and Special Event Permit Fee (Non-Refundable) - \$250*

*The \$250 permit fee is waived for non-profit groups who provide a copy of their 501c3 or 501c4 at the time of filing.

Filing Requirements

- Eight sets of completed copies of the entire permit application

Contents of Operations Package

Items listed below are minimum. Additional information may be necessary for clarification during the review process.

- Permits: Alcohol Beverage Control (ABC) - Sales, Daily - ABC Permit, Sound Permit, Tent/Awning Permit, Dance Permit, Parade Permit (walkathon, running, parade), Search Light Permit, Amplified Sound Permit
- Security company's business license, insurance coverage and state licensing
- Emergency Medical Plan for events over 1,000 participants

Service Plans and Attachments

Items listed below are minimum. Additional information may be necessary for clarification during the review process.

- Executive Summary of your business (scope of business)
- Venue map (include eight sets of copies)
- Fire Protection Plan
- Plan for sanitation facilities: garbage, trash and sewage disposal
- Liability Insurance Policy naming the City of Modesto as an additional endorsement



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Application Fee	
Permit Fee	
Payment Date	

Entertainment Establishment Permit Application - Businesses -

REQUEST: New Application
 Renewal
 Change in Application

Date Received	
Project No.	

BUSINESS: Sole Proprietor (complete sections A, D, E & F)
 Corporation (complete sections A, B, D, E, & F)
 Partnership (complete sections A, C, D, E, & F)

SECTION A

APPLICANT INFORMATION (person responsible for this permit application):

1.

First Name	Middle Initial	Last Name
Residence Address	City	State Zip Code
Residence Phone	Email	

BUSINESS INFORMATION:

Name of Business	Type of Business
Business Address	City State Zip Code
Business Phone	Fax No: Email:

NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES:

1.

First Name	Middle Initial	Last Name
Residence Address	City	State Zip Code
Residence Phone	Business Phone	

2.

First Name	Middle Initial	Last Name
Residence Address	City	State Zip Code
Residence Phone	Business Phone	

3.

First Name	Middle Initial	Last Name	
Residence Address	City	State	Zip Code
Residence Phone	Business Phone		

NAME AND ADDRESS OF PERSON AUTHORIZED TO ACCEPT SERVICE OF PROCESS:

First Name	Middle Initial	Last Name	
Mailing Address	City	State	Zip Code
Name and Address of Owner			

Premises: Leased Owned Rented (If leased or rented, then written consent of the owner must be presented as part of the application process.)

SECTION B

NAME(S) AND ADDRESS(ES) OF OFFICER(S) AND/OR DIRECTOR(S) OF THE CORPORATION (use additional sheets, if necessary):

1.

Corporation Title	First Name	MI	Last Name
Residence Address	City	State	Zip Code

2.

Corporation Title	First Name	MI	Last Name
Residence Address	City	State	Zip Code

3.

Corporation Title	First Name	MI	Last Name
Residence Address	City	State	Zip Code

SECTION C

LIST ALL PARTNER INFORMATION AND ALL OTHERS THAT HAVE A FINANCIAL INTEREST IN THE ENTERTAINMENT ESTABLISHMENT (add another sheet, if needed):

1.

First Name	Middle Initial	Last Name	
Residence Address	City	State	Zip Code
Residence Phone	Email		

2.

First Name	Middle Initial	Last Name	
Residence Address	City	State	Zip Code
Residence Phone	Email		

SECTION D

HAVE YOU, YOUR PARTNERS, OFFICES, DIRECTOR OF THE CORPORATION, EVER BEEN CONVICTED OF ANY CRIME EXCEPT MISDEMEANOR TRAFFIC VIOLATIONS? Yes No If "YES", fill out information below.

1.	Name	Charge	Date & Court	Action Taken
2.	Name	Charge	Date & Court	Action Taken
3.	Name	Charge	Date & Court	Action Taken

SECTION E

PROPOSED BUSINESS ACTIVITY:

Requested Use of Premises (i.e., bar, restaurant, rental hall)	Specific Type of Activity
Hours & Days of Operation	Capacity of Facility
Days and Times of Entertainment	Type of Items Sold (food, beverages)
Number of Employees on Duty	

Alcohol: No Alcohol Alcohol served Alcohol sold Guests may bring alcohol
If you will be serving alcohol, do you have a liquor license? Yes No If YES, please attach a copy along with all conditions of license.

If NO license and/or Permit, describe the status of application:

PROPOSED ENTERTAINMENT/MUSIC (check all that apply):

Entertainment Features: Live Music Amplified Music DJ Other: _____

Genre of Music: Pop Rock Hip-Hop Punk Country World
 Rap Metal Vocal Blues R & B Electronic Dance

Please be specific as to the "Type and Groups" of Entertainment/music planned:

Will entry fees be charged? Yes No

TRAFFIC & PARKING:

Describe street location & cross streets

Describe parking and stopping restrictions on your block

Describe any special parking you may need or if you will offer valet parking

Will public roadways or bike paths be used or will the event have an effect on traffic (including any street closures)?
 Yes No If yes, please explain: _____

Street Closure(s)? Yes No If YES, time: _____ Location(s)/street name(s) _____

Number of Patrons expected to arrive by car: less than 25 26-50 51- 75 76-100
 101-150 151-200 201-250 251-300 If more than 300, how many? _____

Peak Usage Periods?

Where will patrons park?

Where will truck/commercial vehicle loading/unloading occur?

How will parking be made available for persons with disability?

ZONING:

What is your zoning district? If you don't know your zoning district, you can find it by using the following website:
www.modestogov.com/development/zoning/. (The purpose of zoning is to locate particular land uses where they are most appropriate.)

Identify and describe the location of your business as well as any adjacent neighbors, restaurants, any school, daycare facility, playground, etc.

Signage? Yes No If **YES**, proposed type & size:

Location(s) posted: _____

CONSTRUCTION/RENOVATION:

Describe any construction, renovation or other improvements planned for building and the timetable for completion.

Do you have permits for this work? Yes No If **NO**, have you applied and when? _____

Describe any construction, renovation or other improvements planned for building and the timetable for completion?

SANITATION:

Sanitation Needs? Yes No If **YES**, please check all that apply:

Port-o-lets Trash cans Front loader Storm Water Drain Coverage Street Sweeper

SECURITY

1. _____
Based on your occupancy and events programming, the **Commission may require you to have security personnel for every 50 to 100 patrons.** How many security personnel will be on staff during the week and on weekends?

2. _____
How many exits does your venue have? _____ Will you be staffing all exits every night of the week? Describe.

3. Will you be using in-house security? Yes No
If "**Yes**", submit a copy of your insurance coverage for your venue: _____
If "**NO**," please submit a copy of the outside security company along with their business license, insurance coverage and state licensing information.

4. _____
What kind of training and/or certification are you requiring of your security personnel (e.g., LEAD Training, Guard Cards, etc.)?

5. _____
What are your door policies (e.g., pat downs, bag checks, metal detectors, etc.)?

6. _____
Describe your plan to control lines and/or crowds on the sidewalks and streets surrounding your business for entry and disbursement of patrons as well as how to secure your entire perimeter.

EMERGENCY PLANS

1. _____
What is your plan to exit patrons in case of emergency?

2. _____
Will you have medical staff (EMT, Paramedics) on site during your events at your venue?

3. **Plans for Emergency Medical Services (attendance of 1,000+)** – if your event is expected to have an attendance of 1,000 persons or more, you must submit a separate Emergency Medical Services Plan.

Will your event have 1,000 plus attendees? Yes No If **YES**, attach a copy of the plan.

SECTION F

ADDITIONAL REQUIRED SERVICE PLANS AND ATTACHMENTS:

Attach an Executive Summary of your Business (Scope of Business).

Attach a Venue Map to Include (8 copies – map to scale) layout of the venue, security positions marked, fire exits and emergency medical, if needed.

Plans for Fire Protection – Attach a plan for adequate fire protection, which shall meet the requirements of all state and local statues, ordinances and regulations, and shall be approved by the City of Modesto representative of the Fire Department.

Plans for Sanitation Facilities: garbage, trash and sewage disposal – Attach a plan for adequate sanitation facilities and garbage, trash and sewage disposal. This plan shall meet the requirements of all state and local statues, ordinances and regulations.

The City of Modesto contracts with Gilton Solid Waste Management and Bertolotti Disposal Service for all garbage and recycling collection services. Each company has an exclusive service area as deemed by the Modesto City Council, thus your garbage company is determined by the street on which your business is located.

Company	Phone
Bertolotti Disposal Service	(209) 537-8000
Gilton Solid Waste Management	(209) 527-3781
City of Modesto Solid Waste Division – swm@modestogov.com	(209) 577-5494

Insurance – The permittee shall provide, at its own expense and maintain at all times, the following insurance with insurance companies licensed in the State of California and shall provide evidence of such insurance to the City of Modesto as may be required: General Liability insurance with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and property damage. This insurance shall indicate on the certificate of insurance the following coverages and indicate the policy aggregate limit applying to: premises and operations; broad form contractual; and, products and completed operations. The City of Modesto also needs an additional endorsement **“The City of Modesto”**, including its agents, officers, employees, and volunteers, shall be named as an additional insured on the insurance policy required herein, as a separate endorsement.

DECLARATION

I, _____, declare under penalty of perjury that the foregoing is true and correct. I understand that any false or incomplete information provided by me in connection with this application constitutes cause to either deny the requested permit or revoke the permit if granted. I also understand that if this permit is granted I must update any information within 30 days should it change.

Date

Signature of Applicant

Date

Signature of Applicant

Office Use Only

Police	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached
Fire	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached
Public Works	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached
Zoning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached
NPU	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached
Recreation	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached
Parks	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Comments Attached