City of Oxnard, License Services

214 South C Street, Oxnard, CA 93030 (805) 385-7817 – Fax (805) 385-7836



DANCE PERMIT CHECK OFF LIST

		☐ New	☐ Am	endment					
Dat	e:	- <u></u> -	Control #:_						
Bus	siness Na	ame (dba):							
Bus	siness Ad	ddress:							
		Hours and Days of Dance							
		Owners Name(s)							
		Type of Entertainment Activity held at this location:							
***Name of Security Guard Company/In-House Security Personnel (see below									
170 Divisis un so a control pror sec gua you lice	(B), Secu sion 3, Chaniquely at as to diffe tractors of moter of turity, and ard is not ar compansed with applic	rity Personnel is "any person I hapter 11.4, as a proprietary printing tired so as to be easily identifiate erentiate himself or herself from the location where the public of the public dance, and who had who has completed a police of the form a security guard company and a copy of his/her so the City of Oxnard.	licensed by the State vate security officer, o ble to attendees of the mattendees of the plance is held, and from s no duties in the plepartment training clandary, you must subsecurity guard card.	suant to Oxnard City Code section 11- pursuant to Cal. Bus. And Prof. Code, r Chapter 11.5, as a security guard, who e public dance and to police officers and public dance, from other employees or n other employees or contractors of any ublic dance except duties related to ass on security issues." If your security init proof of his/her employment with Security Guard Company must be a fire inspection (805)385-7722 or k for Online Fire Inspection Request.					
For	License Se	rvices Use Only	For Fire Department	Use Only					
		Permit Fee Paid		Occupant Load					
		ess Tax Paid	_ •	Number of Exits					
		enew Dance Permit		Square Footage					
		Permit		Police Approval					
	Plannii	ng Approval		Building Approval					

DANCE PERMIT APPLICATION

214 South C Street • Oxnard, CA 93030-5790 • (805) 385-7817 • Fax (805) 385-7836



		AND COMPLETE ALL SECT	TIONS. AN INCO	MPLETE APPLICAT	TION WILL NOT BE PROCESSED.		
Business Name (DB)	A)				Starting Date		
Corporation Name					Business Phone		
Business Address		City	State	Zip	Federal Employer ID No.		
Mailing Address		City	State	Zip			
Type of Ownership	□ Sole	☐ Corporation	Application	Request New Bu	siness		
	☐ Partnership	☐ Trust		☐ Amendr			
	□ LLC	□ LLP					
List full legal na	me, home address a	nd home telephone of each ov	wner, trustee or c	orporate officer. Atta	ach additional sheets if necessary. Home Telephone		
(1) Ivaine					Trone Telephone		
Home Address		City	State	Zip			
(2) Name					Home Telephone		
Home Address		City	State	Zip			
Day(s) of the Week for	Dancing Ope	n to the Public	Hours of Danci	ng			
Number of Exits on Pre	amica		Occupancy Loa	lagunanau I aad			
Number of Exits on Fig.	chiise		Оссирансу Еог	Occupancy Load			
Will alcoholic beve	rages be sold/serve	d/consumed on the premise	es?□Yes□No	1			
				true and correct to the	best of my knowledge and belief. I		
am aware that any vio	olation of the Oxnard	City Code will terminate the	dance permit.				
Signature of Owner, T	rustee or Officer				Date		
FOR CITY US	SE ONLY			DI ANNING DIVISION			
FFFS DAID	IN CONTING	TION WITH THIS		PLANNING DIVISION			
_		I-REFUNDABLE		pproved Disa	pproved Zone:		
Cartificata No							
				BUILDING & ENGINEERING			
Control No C/C: DANCE				☐ Approved ☐ Disapproved Zone:			
Sic Code:							
M/R No			By: _	By:			
Permit Fee:	§415.00 (I	DP)		POLICE DEPARTMENT			
Issue Date:	Expira	tion Date:		☐ Approved ☐ Disapproved			
Ву:			B _V .				