



# SOUTH SAN FRANCISCO POLICE DEPARTMENT



## Private Event Permit Application

### APPLICATION INFORMATION

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Date:	<input type="text"/>
Home Address:	<input type="text"/>			Unit #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Work Address:	<input type="text"/>			Unit #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Phone:	<input type="text"/>	E-Mail Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Driver's License #:	<input type="text"/>	Alternate Contact:	<input type="text"/>

I have received a copy of the Special Event Permit Application and Conditions information form outlining the South San Francisco Municipal governing Dance Halls. I understand the requirements and hereby make application for the function described below.

Signature: \_\_\_\_\_ Date:

### EVENT INFORMATION

Location/Hall: <input type="text"/>		Type of Function: <input type="text"/>	
Date of Event: <input type="text"/>	Start Time: <input type="text"/>	End Time: <input type="text"/>	# of Attendees (Min): <input type="text"/> # of Attendees (Max): <input type="text"/>
Minors under the age of 21 attending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?: <input type="text"/>		Minors under the age of 18 attending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Type of Entertainment at Event? <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Other	
Will there be dancing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will paid admission be required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?: \$ <input type="text"/>		Will this event be opened to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will this event require an ABC License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Mixed Drinks		How will this event be advertised? <input type="text"/>

I certify that all the statements are true and correct and I authorize the investigation into all statements contained herein. I agree and understand that misstatements of facts will constitute grounds for denial or revocation of any permit. **I understand that security may be required.** I agree to notify the South San Francisco Police Department of any changes or cancellations.

Signature: \_\_\_\_\_ Print Name:  Date:

( SSFPD Use Only )

☐ No Security ☐ Private Security ☐ Police Security ☐ Other



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Complete this page if this event is sponsored by a business venture, club, organization, or corporation.

### **BUSINESS/CLUB/ORGANIZATION INFORMATION**

Business/Organization Name:	<input type="text"/>	Tax ID #:	<input type="text"/>
Contact Person:	<input type="text"/>	Phone Number:	<input type="text"/>
Address:	<input type="text"/>	Unit #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Business Phone:	<input type="text"/>	Business Fax:	<input type="text"/>
		Website:	<input type="text"/>

Does the group sponsoring the event have non-profit status in the state of California? ☐ Yes ☐ No

Please check the following that apply:

- |                                     |                                      |                                      |                                    |
|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Religious   | <input type="checkbox"/> Benevolent  | <input type="checkbox"/> Other     |

### **PRESIDENT / OFFICER'S INFORMATION**

President/Officer's Name:	<input type="text"/>	Position (CEO,CFO, etc.):	<input type="text"/>
Home Address:	<input type="text"/>	Unit #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Date of Birth:	<input type="text"/>	Driver's License #:	<input type="text"/>
		Phone:	<input type="text"/>
E-Mail Address:	<input type="text"/>		

Has anyone involved with this organization or business submitted any prior applications to the South San Francisco Police Department?

☐ Yes ☐ No

Has this organization or business ever been known by any other name?

☐ Yes ☐ No If yes, what name?:

Has this organization or business ever been denied a permit request in South San Francisco or any other city?

☐ Yes ☐ No If yes, what reason?:

I certify that I have been duly authorized by the above entity to represent them in this matter. I attest that all statements made in this application are true and correct. **I/We agree to comply with all Municipal Codes of the City of South San Francisco and all requests of the South San Francisco Police Department.** I understand that security requirements and other conditions may be imposed by the Police Department at my/our expense. I further understand that any false statements made in this application are grounds for denial or revocation of the Special Event Permit.

Signature:

Print Name:

Date: