

NOTE: READ INSTRUCTION PRIOR TO COMPLETING THIS FORM

INSTRUCTIONS:

1. SOLE PROPRIETOR APPLICANT: COMPLETE SECTION A & E
2. CORPORATE APPLICANT: COOMplete A, B, D, & E
3. PARTNERSHIP APPLICANT: COMPLETE SECTION A, C, D, & E

**LETTER OF INTENT FORM
SAN FRANCISCO ENTERTAINMENT COMMISSION**

DATE

TYPE OF PERMIT(S)									
SECTION A									
APPLICANT'S NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
BUSINESS NAME			BUSINESS ADDRESS					BUSINESS PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
PHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 9:00 A.M. AND 5:00 P.M.									
NAMES AND ADDRESS OF PERSONS WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES:									
NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
NAMES AND ADDRESS OF PERSONS AUTHORIZED TO ACCEPT SERVICE OF PROCESS:									
NAME			MAILING ADDRESS						
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
PREMISES			NAME AND ADDRESS OF OWNER						
<input type="checkbox"/> LEASED <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED									
SECTION B									
NAMES AND ADDRESS OFFICER AND / OR DIRECTORS OF THE CORPORATION: (USE ADDITIONAL SHEET IF NECESSARY)									
CORPORATE TITLE		NAME			RESIDENCE ADDRESS				
	LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE
CORPORATE TITLE		NAME			RESIDENCE ADDRESS				
	LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE
CORPORATE TITLE		NAME			RESIDENCE ADDRESS				
	LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE
SECTION C									
NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	
NAME			RESIDENCE ADDRESS					RESIDENCE PHONE	
LAST	FIRST	MIDDLE	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	

SECTION D

HAVE PARTNERS, OFFICES, DIRECTORS OF CORPORATE, EVER BEEN CONVICTED OF ANY CRIME EXCEPT MISDEMEANOR TRAFFIC VIOLATIONS? YES NO

NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE
NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE

SECTION E

DESCRIBE IN DETAIL YOUR PROPOSED BUSINESS OR SPECIFIC ACTIVITY: (INCLUDE IN YOUR DESCRIPTION THE HOURS AND DAYS OF THE PROPOSED BUSINESS, THE SPECIFIC TYPE OF ACTIVITY, THE HOURS AND DAYS OF EACH SPECIFIC ACTIVITY, THE LOCATION IF DIFFERENT FROM THE BUSINESS ADDRESS, TYPE OF ITEMS SOLD OR RENTED, TYPE OF LIVE ENTERTAINMENT, TYPE AND LOUDNESS OF SOUND SYTEM, TYPE AND AMOUNT OF SOUNDPROOFING, AND PERMITS OR LICENSES THAT HAVE BEEN APPLIED FOR OR ARE ALREADY IN EFFECT AT THE PROPOSED LOCATION, AND ANY SPECIFIC INFORMATION AS REQUIRED BY THE SAN FRANCISCO MUNICIPAL CODE OR STATE OF CALIFORNIA CODES, WHO? WHAT? WHERE? WHY? WHEN? HOW?)

HAVE YOU EVER HAD A POLICE PERMIT? YES NO IF YES, LOCATION PERMIT USED

TYPE OF PERMIT	DATES PERMIT USED	LOCATION PERMIT USED

DECLARATION

I, _____, declare under penalty of perjury that the foregoing is true and correct, executed at San Francisco, California, I understand that any false or incomplete information provided by me relative to this application may be considered cause to either deny the requested permit or revoke the permit that is granted.

DATE

SIGNATURE OF APPLICANT