



**CITY OF CARLSBAD**  
**ENTERTAINMENT LICENSE APPLICATION**

Please return hard copy to the Cashier's desk at 1635 Faraday Ave. Carlsbad, CA 92008 or mail in application with a check payable to the City of Carlsbad. For additional information about the Entertainment License Ordinance, please refer to Carlsbad Municipal Code Chapter 8.09. Questions may be directed to Kerry Jezisek at kerry.jezisek@carlsbadca.gov or 760-602-2774.

**Is this application for a new entertainment license or a renewal?    New    Renewal**

Establishment Name: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_  
Business Owner Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_ Property Owner Contact: \_\_\_\_\_  
Property Owner Email: \_\_\_\_\_  
California Alcohol Beverage Control Lic. # \_\_\_\_\_ Phone #: \_\_\_\_\_  
Business Website and/or Email: \_\_\_\_\_ Business License # \_\_\_\_\_

**Business Description:**

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT(S)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ STATE: \_\_\_\_\_ DRIVER'S LIC: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ APPLICANT APPEARS ON ABC LIC: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ STATE: \_\_\_\_\_ DRIVER'S LIC: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ APPLICANT APPEARS ON ABC LIC: \_\_\_\_\_

**ONSITE GENERAL MANAGER**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ STATE: \_\_\_\_\_ DRIVER'S LIC: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PREMISE HISTORY**

**Has applicant establishment previously had an Entertainment License suspended or revoked? Y N**

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

*\*I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION FOR A CITY OF CARLSBAD ENTERTAINMENT LICENSE IS TRUE AND CORRECT\**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROPERTY OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Before submitting this application to the Cashier's desk, please verify that the following documents are included:**

APPLICATION		ANY CITY LAND USE PERMITS	
FLOOR PLAN		SECURITY PLAN	
PROPOSED SITE PLAN		APPLICATION FEE	

(see master fee schedule)

**CITY USE**

**LICENSE TYPE:**

CLASS 1 | | CLASS 2 | | CLASS 3 | |

APN: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

Existing general plan land use designation: \_\_\_\_\_

Fire Department	Approved	Denied	By: _____	Date: ___/___/___
Building Department	Approved	Denied	By: _____	Date: ___/___/___
Planning Department	Approved	Denied	By: _____	Date: ___/___/___
Police - Security Plan	Approved	Denied	By: _____	Date: ___/___/___
Police - Application	Approved	Denied	By: _____	Date: ___/___/___

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_