

PLANNING SERVICES DIVISION

INTRODUCTION

It is unlawful for any person or entity to operate, engage in, conduct or carry on any sex-oriented business within the City of Anaheim unless the owner first obtains a sex-oriented business permit and a business license from the City of Anaheim. The purpose of the Sex-Oriented Business Permit applications is to facilitate the Planning Department's review to ensure all applications for a Sex-Oriented Business Permit satisfy the requirements of the Anaheim Zoning Code (AZC). All Sex-Oriented Business Permit applications require review by a City Hearing Officer.

PROCEDURES

Applications, found on the Planning Services Forms & Applications website, for Sex-Oriented Business Permits will be processed within five (5) business days of receipt to determine completeness. Additional information will be requested for applications deemed incomplete and review of subsequent resubmittal materials will be processed within an additional five (5) business days. A Hearing Officer will hold a public hearing within forty-five (45) calendar days after an application is deemed complete. The Hearing Officer will provide notice of the time and place to the applicant at least fifteen (15) calendar days in advance of the public hearing date. The Hearing Officer shall provide a decision within ten (10) calendar days upon completion of the public hearing and will transmit the decision to the Planning Director for issuance or denial of the permit. Conditions of approval may be applied to an approved permit.

SUBMITTAL REQUIREMENTS:

The following checklist shows minimum information and materials required for processing Sex-Oriented Business Permit applications. Additional information or materials may be requested. Please contact a planner at 714-765-5139 to confirm applicability of submittal items. Plans must comply with the <u>E-plan Submittal Requirements</u> and <u>Sheet Numbering Guidelines</u>. Submittal requirements are as follows:

ALL APPLICATIONS

- □ 1. <u>BUSINESS LICENSE APPLICATION</u>: Applications for a Business License must be processed concurrently. For more information on obtaining a Business License, contact (714) 765-5194.
- CODE REQUIREMENTS: Read applicable code requirements provided under <u>A.M.C.</u> <u>Chapter 18.54</u> (Sex-Oriented Business). Employee Identification Cards will be required and can be processed concurrently with the application for Sex-Oriented Business Permit.
- FEE: The minimum initial deposit is identified in the <u>Planning and Zoning Fee Schedule</u>. After online or in-person submittal is completed through <u>GoPost</u>, payment will be requested. Once payment is received, your application will be routed for review.
- □ 4. APPLICATION FORM: The eight (8) page application for a Sex-Oriented Business Permit is located below this checklist.
 - □ CORPORATION / PARTNERSHIP DOCUMENTATION (if applicable):
 - □ Include a copy of the Certificate of Limited Partnership, Articles of Organization (L.L.C.) or Articles of Incorporation
 - □ Include documentation that the signator has authority to act on behalf of the partnership or corporation.
- □ 5. CERTIFIED COPY OF LEASE: If the business owner is a lessee or sub-lessee, a copy of the lease establishing tenancy shall be provided.
- □ 6. VERIFICATION OF OWNERSHIP:
 - □ PRELIMINARY TITLE REPORT (Must have been prepared within the last 6 months of submittal date);
 - OR
 - □ GRANT DEED; and
 - □ RECENT PROPERTY TAX BILL
- □ 7. <u>DEPOSITOR'S TRUST FUND (DTF) SETUP FORM</u>
- □ 8. LETTER OF OPERATION: Submit a typed letter describing the business operations and explaining how the proposed business will satisfy the applicable requirements set forth in the <u>A.M.C. Section 18.54</u>.030.050. The letter shall be specific, and address all applicable requirements. If an item is not applicable the letter shall state that.

- 9. <u>SITE PLAN</u>: Submit a scaled site plan which addresses the following:
 - PARKING CALCULATION: Parking areas with <u>calculation</u> (Sex-Oriented Businesses that are primarily live performance require 10 parking spaces per 1,000 s.f. of GFA; Sex-Oriented Businesses that are primarily a book or video store require 5.5 parking spaces per 1,000 s.f. of GFA; please see <u>A.M.C.</u> <u>Section 18.42.040</u>.010 for parking space requirements for all other uses).
 - □ PARKING VARIANCE: For properties that do not meet minimum parking requirements, please see <u>A.M.C. Section 18.42.110</u>.030 (Parking Variances) for processing a waiver or deviation from parking requirements for a sex-oriented business.
- □ 10. <u>FLOOR PLAN</u>: Submit a scaled floor plan including, but not limited to, showing all areas accessible to the public including any areas accessible to members of the public who pay a fee and/or join a private club or organization, any restroom facilities, any seating areas, any entertainment and stage areas, and any dressing room facilities.
- □ 11. <u>SIGN PLAN</u>: Include the location and dimensions of existing and proposed signs separately or on the site plan.
- □ 12. <u>LANDSCAPING PLAN</u>: Include landscaping details separately or on the site plan.

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		SECTION A: BUSINESS AND BUSINESS OWNER INFORMATION					
Ippropriate perr	mit(s) request	ed):					
□ Sex-Oriented Bookstore □ Sex-Oriente			ed Cabaret Sex-Oriented Theater (Live Performances)				
□ Sex-Oriented Motion Picture Arcade □ Sex-Oriented Mot			Theater	□ Sex-Orie	ented Retail Establishment		
		Business I	icense No.:	:			
		E-mail Ad	dress:				
		1					
		State:		Zip:			
				I			
		State:		Zip:			
ANT) INFORMA	TION:						
ie:	0	Company	Name:				
	CIT						
		Home Ad	dress:				
	00	City:	//	State:	Zip Code:		
Date of Birth:		Social Sec	urity No.:	1	Sex:		
:	Weight:	1	Hair Colo	r:	Eye Color:		
lo.:	Other State Lie	cense No. c	or ID No.:		State:		
	re Arcade Se Arcade Se Ant) INFORMA e: Date of Birth: :	re Sex-Oriented Moti	Arcade Sex-Oriented Motion Picture Business I E-mail Ad E-mail Ad State: State: ANT) INFORMATION: e: Company Home Ad City: Date of Birth: Social Sec : Weight:	re Sex-Oriented Cabaret Arcade Sex-Oriented Motion Picture Theater Business License No.: E-mail Address: State: ANT) INFORMATION: e: Company Name: Date of Birth: Social Security No.: : Weight: Hair Colo	re Sex-Oriented Cabaret (I Arcade Sex-Oriented Motion Picture Theater Sex-Orie Business License No.: E-mail Address: State: Zip: State: Zip: ANT) INFORMATION: e: Company Name: Home Address: City: State: Date of Birth: Social Security No.: : Weight: Hair Color:		

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S	ECTION A: BUSINESS AND	BUSINESS OWNER	INFORMATI	ON	
BUSINESS OWNER (APPL	ICANT) SEX ORIENTED BU	SINESS PERMIT HIS	TORY:		
🗆 Yes 🗆 No	ently have, previously held, or	previously applied for a	a Sex-Oriented	Business Permi	t?
If yes, provide information be	low:				
Business Name:		Address:			
Start Date:	End Date:	City:	State:		Zip:
Business Name:		Address:			1
Start Date:	End Date:	City:	State:		Zip:
Business Name:		Address:	·		
Start Date:	End Date:	City:	State:		Zip:
Have any permits been suspen Yes No If yes, provide information be					
Location:		Date:	Revoked by	whom (agency) and reason:
Location:		Date:	Revoked by	whom (agency) and reason:
BUSINESS OWNER (APPL	ICANT) EMPLOYMENT HIS	TORY:			
	ccupation, and employment his	tory for five years pred	eding applicati	on:	
Business/Company:	Location:	Start Date:		End Date:	
Business/Company:	Location:	Start Date:		End Date:	
Business/Company:	Location:	Start Date:		End Date:	
BUSINESS OWNER (APPL	ICANT) RESIDENCE HISTOI	RY:			
🗆 Yes 🗆 No	ed at a different location (speci sses within the last five (5) year		last five (5) yea	rs?	
Start Date:	Address:	3.3			
End Date:	City:	State:		Zip:	
Start Date:	Address:				
End Date:	City:	State:		Zip:	
Start Date:	Address:				
End Date:	City:	State:		Zip:	

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SECTION A: BUSINESS AND BUSINESS OWNER INFORMATION **BUSINESS OWNER (APPLICANT) ACKNOWLDGEMENT** The following must be initialed by the Business Owner*(Applicant): I have received and reviewed a copy of Chapter 18.54 (Sex-Oriented Businesses) of the Anaheim Municipal Code (A.M.C.) and the information checklist relating to the Sex-oriented Business. I have submitted a site plan with this application designating the building and/or unit proposed for the 2. proposed Sex-Oriented Business, and a dimensional interior floor plan depicting how the business will comply with all applicable requirements of Chapter 18.54 of the Anaheim Municipal Code. (A.M.C. 18.54.030.030.0304) 3. I have submitted a letter with this application, describing the proposed business and explaining in detail how the business will satisfy the applicable requirements of the Anaheim Municipal Code Section 18.54.030.050. (A.M.C. 18.54.030.030.0303) 4. I am familiar with and understand the provisions of Chapter 18.54 applicable to the proposed Sex-oriented Business, including the following: It is a misdemeanor for any person under the age of eighteen or any obviously intoxicated person to enter or remain on the premises of a Sex-Oriented Business at any time. A sign giving notice of this provision must be prominently posted at each entrance of the business. Every person having responsibility for the operation of the Sex-Oriented Business who, with knowledge that a person is a minor (under the age of eighteen), or who fails to exercise reasonable care in ascertaining the true age of a minor, knowingly allows such minor to enter or remain on the premises of the business is guilty of a misdemeanor. It is a misdemeanor for any person having responsibility for operation of a Sex-Oriented Business to allow any obviously intoxicated person to enter or remain on the premises of the business. (A.M.C. 18.54.030.050.0514 and A.M.C. 18.54.040.020) A Sex-Oriented Business Permit is valid from the date of permit approval as long as the applicant and Sex-5. Oriented Business remains in compliance with the conditions of the permit and provisions of Chapter 18.54 of the Anaheim Municipal Code. (AMC 18.54.050) Any change in the nature or composition of the Sex-Oriented Business from one type of Sex-Oriented Business 6. use to another type of Sex-Oriented Business use will render the Permit null and void. (A.M.C. 18.54.070.040) A Sex-Oriented Business Permit is valid only for the exact location specified in the Permit. (A.M.C. 7. 18.54.070.050) The Sex-Oriented Business Owner must allow officers of the City of Anaheim and their authorized 8. representatives to conduct reasonable unscheduled inspections of the premises of the Sex-Oriented Business for the purpose of ensuring compliance with the law at any time the Sex-Oriented Business is open for business or is occupied; provided that identification of the City representative may be required (A.M.C. 18.54.080.010).

I understand that providing incorrect, false or misleading information is grounds for denial of this application and revocation for the sex-oriented business permit. I understand that the operation of the aforementioned business must comply with the provisions of Chapter 18.54 of the Anaheim Municipal Code. (A.M.C. 18.54.080.020.0202)

I declare under penalty of perjury that I am the owner* of the proposed sex-oriented business, that all of the information upon this application, including the information submitted with this application, is true and correct to the best of my knowledge and belief. (A.M.C. 18.54.030.030.0301)

Signature:

Date:

Title:

Print Name:

*Note: The "Owner" (i) is the sole proprietor of the Sex-Oriented Business; or (ii) any general partner of a partnership which owns and operates the Sex-Oriented Business; or (iii) the owner of a controlling interest in a corporation which owns and operates the Sex-Oriented Business; or (iv) the person designated by the officers of a corporation to be the Permit holder for the Sex-Oriented Business owned and operated by the corporation.

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SECTION B1: BUSINESS ENTITY INFORMATION AND LIST OF ADDITIONAL OWNERS/OFFICERS

BUSINESS ENTITY INFORMATION AND LIST OF ADDITIONAL BUSINESS OWNERS/OFFICERS

Is this a Sole Ownership?	nip					
Is this a Corporation, L.L. C. or a Partnership If checked, attach copy of Certificate of Lim	•					
State of Registration:	Registration Number: Date of Registration:					
Name of the Corp., L.L.C., or Partnership (as	shown in above documents):					
Name of Responsible Managing Officer of Co	orporation, L.L.C. or Partnership:					
If Corporation is checked, list each Officer, D Corporation below and provide detailed info OR If L.L.C. or Partnership is checked, list each o information on Section II-B for each individu	ormation on Section II-B for each indiv of the partners below, including limited val.	/idual;				
Name:	Home Address:					
Date of Birth:	City:	State:	Zip:			
Name:	Home Address:	Home Address:				
Date of Birth:	City:	State:	Zip:			
Name:	Home Address:	1				
Date of Birth:	City:	State:	Zip:			
Name:	Home Address:	<u> </u>				
Date of Birth:	City:	State:	Zip:			
Name:	Home Address:					
Date of Birth:	City:	State:	Zip:			
Do any Applicants, Owners, Operators, Offic Corporation or L.L.C., or any Partners or limit Yes No If yes, provide detailed information for each	ited Partners of the Partnership curren					

Have any Applicants, Owners, Operators, Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation or L.L.C., or any Partners or limited Partners of the Partnership previously held or previously applied for a Sex-Oriented Business Permit?

□ Yes □ No

If yes, provide detailed information for each individual in the next section.

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SECTION	B2: ADDITIONA	AL OWNER/OFFICEI	R INFORI	MATION (<i>If applie</i>	cable)
ADDITIONAL OWNER/OFF	ICER INFORMA	TION:			
Name:		Alias or Maiden Nam	ie:		
Date of Birth:		Social Security No. o	r Resident	Alien ID No:	Place of Birth:
CA Driver's License No. or CA ID	No.:	Other State License N	lo. or ID N	0.:	State:
Phone No:		Home Address:			I
E-mail Address:		City:		State:	Zip Code:
ADDITIONAL OWNER/OFF	ICER RESIDENCI	E HISTORY:			
Has the business owner resided Yes No If yes, list any previous address Start Date:			within the	last five (5) years?	
			1		T
End Date:	City:		State:		Zip:
Start Date:	Address:		S FI		
End Date:	City:		End Date	e:	City:
Start Date:	Address:				
End Date:	City:		End Date	e:	City:
Start Date:	Address:		1		1
End Date:	City:		End Date	e:	City:
Start Date:	Address:		1		
End Date:	City:		End Date	e:	City:
ADDITIONAL OWNER/OFF	ICER EMPLOYM	IENT HISTORY:			
Provide complete business, occ	upation, and emplo	oyment history for five	(5) years	preceding this applic	ation:
Business/Company:	Location:		Start Da	te:	End Date:
Business/Company:	Location:		Start Da	te:	End Date:
Business/Company:	Location:		Start Da	te:	End Date:
Business/Company:	Location:		Start Da	te:	End Date:
Business/Company:	Location:		Start Da	te:	End Date:

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SECTION B2: ADDITIONAL OWNER/OFFICER INFORMATION (IF APPLICABLE)

ADDITIONAL OWNER/OFFICER SEX ORIENTED BUSINESS PERMIT HISTORY:

	currently have, previously	held, or previously applied	for a Sex-Oriented Busine	ss Permit?
🗆 Yes 🗆 No				
If yes, provide information	on below:			
Business Name:		Address:		
	T		1	1
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:	•	Address:		
Start Date:	End Date:	City:	State:	Zip:
Have any permits been su	uspended, revoked, or den	ied?		
🗆 Yes 🔲 No				
If yes, provide informatio	on below:			
Location:		Date:	Revoked by whom (agend	cy) and reason:
Location:		Date:	Revoked by whom (agend	cy) and reason:
Location:		Date:	Revoked by whom (agend	cy) and reason:
Location:		Date:	Revoked by whom (agend	cy) and reason:
Location:		Date:	Revoked by whom (agend	cy) and reason:

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SECTION C: DETAILED DESCRIPTION OF SERVICES PROVIDED AND HOURS OF OPERATION

DETAILED DESCRIPTION OF SERVICES PROVIDED AND HOURS OF OPERATION

Applicant must provide a detailed description of the type of services and entertainment and hours of operation.

Will there be Live Entertainment?

🗆 Yes 🛛 No

Provide a detailed description of the proposed business activity (including any entertainment):

Proposed Maximum Number of People Working at this Location (all entertainers, security officers, bartenders, etc. including employees, independent contractors, proprietors, and volunteers):

Provide detail on staffing during proposed hours of operation:

Proposed Maximum Number of Patrons:							
Proposed Days and Hours of Operation							
Days of Operation		□ TUES	WED		🗆 FRI	🗆 SAT	🗆 SUN
Start Time	am / pm	am / pm	am/pm	am / pm	am / pm	am / pm	am / pm
End Time	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
Is this a new buildin	g?						
🗆 Yes 🗆 No							
Will you be charging	Will you be charging an admission fee?						
🗆 Yes 🗆 No	lf yes, pr	ovide the start	time and amo	ount of the adn	nission fee:		
Days for Admission Fee		□ TUES	🗆 WED		🗆 FRI	🗆 SAT	🗆 SUN
Start Time	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
End Time	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
Admission Fee (\$)	\$	\$	\$	\$	\$	\$	\$
Will food or beverage	ges be sold?						
🗆 Yes 🗆 No							
If yes, ensure that any applicable permits have been obtained from the Orange County Health Agency.							
Will alcoholic bever	ages be sold?						
🗆 Yes 🗆 No	🗆 Yes 🔲 No						
If yes, provide the A	lcohol License	Туре:					

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SECTION	D٠	PROPERTY		AND AGENT	
JLCHON	υ.	FNOFLNII	OVVINEN	AND AULINE	

PROPERTY OWNER INFORMATION:					
Property Owner:	Company Name:				
Phone No.:	Address:				
Email Address:	City:	State:	Zip Code:		

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. I hereby certify that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for a Sex-Oriented Business Permit. I approve of the action requested.

Signature	Date	

AGENT INFORMATION (IF AP				
Agent Name:	Company Name:			
Phone No:	Address:	2 A R		
E-mail Address:	City:	State:	Zip Code:	
	bligations regarding the filing and proc his application, including maps, plans,	n '977 =		

Signature

Date