

## **Art & Entertainment Supplement**

Please print or type this form in its entirety and submit it with your completed application documents. Attach additional sheets as necessary to provide complete answers. Your application will not be considered complete without this document as well as a Master Application and Personal Affidavit. This document and all attachments MUST be notarized.

٩.	itional Applicant Infor				
_	Driver's License #:				
3.		ng State:			
С.		ration Date:			
D.	Place of Birth:				
usi	iness Information				
٩.	Ownership Type:	Sole Proprietorship	Partnershi	p 🔲 Corporation	Limited Liability Company
	Note: If your busines	ses ownership is <u>not</u>	a sole proprieto	rship or partnersh	ip, you must complete the
	•	Disclosure Supplemer	• •		
В.	Federal Tax Identifica	ation #:			
2.	State Tax Identification	on #:			
_					
	ergency Contact Inforn				
_	<del>-</del>	rmation of two indivi	iduals who may	•	ne City in the case of emergency:
Α.		Last Name	 Title	B	Email Address
_	First Name	Last Name	ritte		
C.	Street Address		 State	7in Code	D Area Code - Phone Number
^		City	State	Zip Code	Area Code - Priorie Number
Α.	First Name	Last Name	 Title	B	Email Address
_	i ii st Naiiie	Last Name	ritie		
С.	Street Address	City	 State	Zip Code	DArea Code - Phone Number
	Street riadress	City	State	zip code	Area code Thone Namber
_					
rin	ninal and Past Permit/	License Information			
rin C.	<del>-</del>		ion, employed	or an officer of you	r business been licensed
_	<del>-</del>	listed in your applicat	ion, employed	or an officer of you	r business been licensed Yes No
_	Have you or anyone by the City of Glenda	listed in your applicat le previously?			☐Yes ☐No
С.	Have you or anyone by the City of Glenda Have you or anyone	listed in your applicat le previously? listed in your applicat			
С.	Have you or anyone by the City of Glenda Have you or anyone permit revoked by ar	listed in your applicat le previously? listed in your applicat ny agency?	ion, employed	or an officer of you	☐Yes ☐No or business had a license or ☐Yes ☐No
C. D.	Have you or anyone by the City of Glenda Have you or anyone permit revoked by ar Have you or anyone	listed in your applicat le previously? listed in your applicat ny agency? listed in your applicat	ion, employed	or an officer of you or an officer of you	☐Yes ☐No or business had a license or ☐Yes ☐No
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Notes: All applicants must provide a copy of a current California Driver's License or comparable photograph identification when submitting this application. Applicants will also be required to submit to fingerprinting.

If the license is granted, I/We agree to comply with all the laws, state and federal, pertaining to the conduct of said business and to all the ordinances, rules, and regulations of the City of Glendale. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the license. In addition, I agree to advise the City of Glendale of any and all changes in the operations of the business in that such changes of the application form are necessitated.

I/We acknowledge that the business stated on this application is located within the Alex Theatre District, Broadway Center District, or Maryland District of the City of Glendale's Downtown Specific Plan.

My firm and I authorize the City, its officers, agents, employees, and representatives to:

- a. Investigate and verify the information in the application and its accompanying documents;
- b. Obtain a criminal history check through fingerprints and personal identification information; and obtain additional information, including, but not limited to moral character, other jurisdictions' licenses, permits, and discipline; financial background; and employment history.

Applicant's Signature	Date
Print Name	Title