



One Night Dance

STEPS FOR OBTAINING A PERMIT

- 1. Submission:** Applications will not be accepted by mail. Please send your completed application documents by email to pcpermitapplications@lapd.online
- 2. Review:** Once received, an Investigator will review your application for completeness and reach out to schedule your in-person appointment.
- 3. Appointment:** During the appointment you will turn in the original application documents and complete the payment required for processing the permit with the Office of Finance.
- 4. Investigation:** The Investigator assigned to your case will complete the investigation and reach out to inform you of the final notice.

PLEASE NOTE

- This permit applies to events containing live music that are open to the public (free or for a fee). For example, a private wedding event would not require this permit, but a community food festival with a DJ would.
- Obtain all other city permits as the police permit is the last stop. Other permits may include the Department of Building and Safety's Temporary Special Event (TSE) permit, Alcohol Beverage Control (ABC) license, Fire Marshall plot plan approval, park permit for usage, etc.
- The cost of processing applications for this permit is **\$795.00**, subject to change.
- CID does not have a designated area for visitors. If you plan to park on the street, metered parking is limited to 1 hour. Plan ahead, and allow extra time to find a parking garage. Please be prepared for any unexpected delays or parking issues.
- Permits are **not transferable**. If you are moving locations or there is a change in ownership, you are required to re-apply.

If your application remains incomplete 30 days after submission, your case will be filed without further action, and you will NOT be allowed to continue with the process. You may resubmit at any point after you have made the necessary changes to your application.



One Night Dance

Business Name: _____

Business Address: _____

Forms & Documents Needed To Complete Application		DONE	N/A
1	Business Information - Face Sheet Form		
2	About My Event Form <i>(Complete form as it pertains to the business)</i>		
3	Owners & Applicants Form <i>(Ownership should equal 100%. If not, explain in the space provided)</i>		
4	Personal Application Form <i>(Each owner must complete this form)</i> - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED		
5	Copy of the applicant's valid state Driver's License or state identification - The address must match the applicant's information on the Personal Application - Shall not be expired		
6	Completed Live Scan Form - Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator - If residing in California , go to any Live Scan location: https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles - If out-of-state, fingerprint cards are available. These require: 1. Check payable to California Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card		
7	Temporary Special Event - The Department of Building and Safety (LADBS) will determine whether or not this permit is needed. If it does not apply to you, please instruct your LADBS investigator to email your Police Commission investigator to let me them know. Applications are accepted online at: https://www.ladbs.org/services/core-services/plan-check-permit/types-of-plan-checks-permits/special-event-permit		
8	Copy of ABC (Alcohol Beverage Control) License with Conditions <i>(if applicable)</i> -Get signed off by local police station -Provide copy if using caterer's license		
9	Fire Sign-Off <i>(see page page 10 for instructions)</i> -Create your own plot plan including exits and surrounding streets then obtain approval from Fire		
10	Copy of all Relevant Contracts - Examples include insurance, venue, security, service agreements, etc.		
11	Requirements for Applicants Applying Through an Aide -Consultant teams will need a letter of authorization from the applicant to submit -If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 9)		
12	Entity Checklist -Refer to page 3 to review which documents are applicable to your application		



One Night Dance

Business Name: _____

Business Address: _____

**** Your business must be registered in California to do business in this state.***

Additional Forms Needed To Complete Application Per Business Entity Type	Select Applicable
<p>Sole Proprietorship</p>	
<p>Partnership - A Partnership agreement naming all partners; or - Certificate of Limited Partnership for limited partners certified by the Secretary of State</p>	
<p>Limited Liability Companies (LLC) - Articles of Organization - Operating Agreement (Identifying all members) - Fictitious name statement (certified by the State) - All members must apply</p>	
<p>Corporation (C-Corp, S-Corp and Professional Corp) - Corporate Resolution or Meeting Minutes (Identifying officers and signed by Corporate Secretary) - Articles of Incorporation (Certified by the State of CA); if out of State, submit equivalent - Copy of Stock Certificates - All officers and all persons owning a controlling interest in a non publicly traded corporation</p>	

****All forms detailed above must be submitted according to the business entity the applicant(s) is filing as. Any form or document not completed or provided at the time of submission will result in an incomplete application. Only complete applications will be accepted for processing by permit staff.***



Business Information - Face Sheet

A Face Sheet must be completed for each permit type for each location. For example, if a business needs a One Night Dance Permit and a Rides permit, two Face Sheets must be completed.

For Police Commission Use Only - Do Not Write In This Section

Type of Permit: ONE NIGHT DANCE

PC Account No: _____

PC File No: _____

Grant Date: _____

LAPD Area: _____

RD No: _____ Council District No: _____

CID Staff Stamp Here

Complete All Fields - Do Not Leave Anything Blank

Type of Business Entity: (Please check one)

Sole Proprietorship _____ Partnership _____ Limited Liability Company (LLC): _____

Corporation _____ Non-Profit _____ Other: _____

Entity Name: _____

Doing Business as (DBA): _____

Business Address: _____
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: _____ Zip Code: _____

Mailing Address: _____
(If address is same as above, write "same")

City: _____ State: _____ Zip Code: _____

Contact Phone No: _____ Business Phone No: _____

Email of Business: _____



About My Event

Account No: _____

Be advised the details furnished on this form will be used in conjunction with the Police Commission inspection to ensure compliance during the inspection. If any part of the information below is changed, resubmit this form by email to pcpermitapplications@lapd.online

Complete All Fields - Do Not Leave Anything Blank

Doing Business as (DBA): _____

Business Address: _____

Business Information and Details

Adult Charity

Adult Commercial

Name of Event: _____

Name of Hall: _____

Event Address: _____ City: _____ Zip: _____

Has this organization held prior dance in L.A.?(yes/no): _____ Any Arrests?? (yes/no): _____

Date of Last Event: _____ Contact Person: _____ Contact Phone No: _____

Capacity of Hall: _____ Estimated Attendance: _____ Number of Security Employed: _____

Date of Event: _____ **Time Event Starts:** _____ **Time Event Ends:** _____

TSE Permit Number: _____ ABC License Number: _____

Entrance/Ticket Costs: _____

READ CAREFULLY BEFORE SIGNING

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

I further declare to remain in compliance with all laws and rules as defined by the Los Angeles Municipal Code, Chapter X. Failure to comply may result in disciplinary action and a filing by the City Attorney and the District Attorney. I sign this on my behalf or on the behalf the business, with full authority to do so.

Applicant's Signature: _____ Date: _____

Print Name: _____

Applicant's Signature: _____ Date: _____

Print Name: _____



Owners and Applicants Form

This form must be completed for each owner or person(s) required to apply for the PC Permit, indicating the percentage of ownership for each applicant. The percentage of ownership should add up to 100%; if not, please explain in the space provided.

Doing Business as (DBA): _____

Name (All Required Applicants)	Title (President, CEO, CFO, Secretary, etc.)	Percent of Ownership
Total Percentage of Ownership		

If the percentage of ownership does not add up to 100%, explain below:



Personal Application

Per LAMC Chapter X, all owners and partners must complete the required forms. Providing incomplete or inaccurate information may delay or impede the processing of your application. False or misleading information on these forms may result in legal consequences.

Applicant Personal Information - Do Not Leave Anything Blank

Name of Applicant: _____

Home Address: _____
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: _____ Zip Code: _____

Contact Phone No: _____ Business Phone No: _____

Email Address: _____

DOB: _____ Driver's License/ID: _____ State: _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Applicant History - Do Not Leave Anything Blank

If married, will your spouse be involved with the business? Yes _____ No _____
(If you answered yes and are applying as a sole proprietor or partnership, your spouse must apply.)

Have you ever used any other names in the past? Yes _____ No _____

If yes, list other names used: _____

List previous permits held: _____

Have you ever been denied, suspended or revoked a Police Commission Permit? Yes _____ No _____

Have you ever been arrested for a crime resulting in a conviction? Yes _____ No _____

If you answered "YES," please provide details:

Date: _____ City: _____

Charge: _____ Disposition: _____

Details: _____

****Use additional pages if needed.***

READ CAREFULLY BEFORE SIGNING

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

All applicants not present to sign must have this application form NOTARIZED. The notary shall stamp and sign this form or provide the proper Acknowledgement/Jurat. The document must be titled "Application for Police Permit" or it will not be accepted.



DO NOT SIGN UNTIL INSTRUCTED TO DO SO - Must be witnessed by a Deputy City Clerk or prepared by a Notary Public.

Applicant's Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Print Name: _____ Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

*****FOLLOW INSTRUCTIONS BELOW*****

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT
Job Title or Type of License, Certification or Permit: *****-> POLICE COMMISSION PERMIT

Agency Address Set Contributing Agency:
LAPD (CAPDLOS ANGELES) 14923 ← **LAPD has many codes. Use this.**
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
700 E. TEMPLE ST. STE B22
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
LOS ANGELES CA 91351 (213) 996-1210
City State Zip Code Contact Telephone No.

*****ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all items.**

Name of Applicant: 1
(please print) Last First MI
Alias: 2 Driver's License No. 3
Last First 5
Date of Birth: 4 Sex: Male Female Misc. No. BIL- N/A
Agency Billing Number
Height: 6 Weight: 7 Misc No: _____
Eye Color: 8 Hair Color: 9 Home Address: 11a
Street or P.O. Box
Place of Birth: 10 11b _____
City, State and Zip Code
SOC: *****DO NOT ENTER SOCIAL SECURITY*****

*****MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*****

Your Number: TRC# Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
Employer Name *****DO NOT USE THIS SECTION*****
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
City State Zip Code () _____
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

LAPD 02/2016

GIVE COPIES OF FORM:
ORIGINAL-Live Scan Operator; SECOND COPY-SEND TO LAPD; THIRD COPY-Keep
BCII 8016 (Rev 04/01)



Designation of Qualified Manager

(I/We) _____
Permit Holder's/Permit Applicant's Full Legal Name

Doing Business As _____, designate the following _____ person(s)
Business Name (Doing Business As) number

Full Legal Name of Qualified Manager State Identification Number

Full Legal Name of Qualified Manager State Identification Number

as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission), Los Angeles Police Department, or any office or department of the City of Los Angeles with respect to (all) my police permit(s).

Said Designated Manager is authorized to receive information about all accounts related to police permits held by me/us including permit applications, history, status, disciplinary action, fees, payments taxes, and other information used by the City to transact business on police permits. Said Designated Manager is authorized to transact business in connection with police permits, including opening and closing accounts, applying for permits, canceling permits, giving oral and written information, and to perform any act or thing whatsoever concerning police permits in every aspect as (I/we) could do were (I/we) personally present. The Designated Manager has the authority to legally and financially bind the permit holder.

This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager forms and shall be in full force and effect until written revocation is received by the Commission or until a new form is requested by the Commission and executed by me/us.

The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qualified Manager was completely filled in at the time of this execution.

I read, write, and understand English, or I have had the permit process and all documents, including this Designation of Qualified Manager form sufficiently explained to me.

Signed this _____ day of _____
Day Month Year Master Account Number

This form MUST BE NOTARIZED.

Permit Holder's/Applicant's Full Legal Name—Printed or Typed

The NOTARY FORM MUST STATE THE TITLE OF THIS DOCUMENT AS "Designation of Qualified Manager" or the form will not be accepted. Notary, see additional instructions below.

Permit Holder's/Applicant's Signature(s)

Notary must complete the information below:

Notary's street address: _____

Notary's city, state, and zip code: _____

Notary Public's Phone #: _____

Notary Public's email address (optional): _____

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.



THE LOS ANGELES FIRE DEPARTMENT

FIRE DEVELOPMENT SERVICES, PLAN-REVIEW AND INSPECTION FEES

EFFECTIVE July 21, 2022

FIRE DEPARTMENT SECTION 118, PLAN-CHECK AND INSPECTION FEES

TYPE OF SERVICE	FEE RATE	COMMENTS
Fire/Life Safety Plan Review	The greater of 0.111% of project valuation or \$1,011	Paid before plan review services are rendered
Inspection and Re-Inspection	\$337 per hour	Paid before certifications of occupancy are signed-off
Off-Hours Inspection	\$480 (4 hours minimum) and \$120 per hour, or any portion of one hour, thereafter plus (+) \$337 per hour for inspection and re-inspection.	Paid before certificates of occupancy are signed-off
Expedite and Additional Expedite Plan Review	\$480 flat-rate fee (4 hours minimum) and \$120 per hour, or any portion of one hour, thereafter plus (+) the greater of 0.111% of project valuation or \$1,011	The flat rate fee of \$480 is paid before services are provided. Additional Expedite hours will be billed.
Fire Code Review	\$337 per hour	First hour is paid before services are rendered