



DEPARTMENT of COMMUNITY DEVELOPMENT

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9530

Application for Special Business Activity Permit

The undersigned hereby makes application to the City of Gardena, as required under the provisions of the Gardena Municipal Code Section 5.04.160 to engage in the business activity described below. Please check the appropriate activity for the type of business permit you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> *Secondhand Dealer | <input type="checkbox"/> Distribution of Advertising (Handbill) |
| <input type="checkbox"/> *Arcade/Billiard | <input type="checkbox"/> Peddler/Street Vendor |
| <input type="checkbox"/> Karaoke Studio | <input type="checkbox"/> Sound Device – Advertising |
| <input type="checkbox"/> *Junk Dealer/Collector | <input type="checkbox"/> Professional Solicitor |
| <input type="checkbox"/> *Pawn Broker | <input type="checkbox"/> Other_____ |

*Complete the Background Report in addition to this application

Section 1

Business Name	Phone No.
Business Address	Email
Name of Applicant	
Applicant is: <input type="checkbox"/> An Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	

Section 2

If the applicant is an individual, complete the following personal information about the applicant.

Residence Address	Phone No.	
Business Address	Email	
Driver's License No.	Date of Birth	Social Security No.

Section 3

If the applicant is not an individual then complete the following information about each principal officer of the corporation, or each director of the association, or each partner of a partnership. Please list each stockholder owning more than 10% of the stock of the corporation (attach a separate sheet if necessary)

Name	Title	
Residence Address		
Business Address		
Title or Nature of Interest		
Driver's License No.	Date of Birth	Social Security No.

Name		Title
Residence Address		
Business Address		
Title or Nature of Interest		
Driver's License No.	Date of Birth	Social Security No.

Section 4

Describe the proposed activity in detail			
Number of Amusement Devices (if applicable, attach a location list)			
Date/Time (for each day)	Date	Time	Day of the Week
Setup			
Activity Starts			
Activity Ends			
Dismantle			
Explain in detail any past experience applicant(s) have had in connection with the proposed activity			
Name, address, and phone numbers of each person who will have authority or control over the proposed activity and their job title:			
Name and phone number of emergency contact person			
Has any permit ever been revoked or denied applicant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail the circumstances of such revocation or denial and give name and address of the governmental agency:			
Mailing address where any required notice should be sent			
Email address where any required notice should be sent			

The undersigned applicant understands that the application may be considered by the City Council or by the Community Development Director only after full investigation and report has been made by the Police, Fire, Building & Safety, Planning, and Health Departments of the City of Gardena.

The undersigned applicant understands and agrees that any business or activity conducted or operated under any permit and license issued under the application must and shall be operated in full conformity with all laws of the State of California and the laws and regulations of the City of Gardena applicable thereto, and that any violation of any such laws or regulations in said place of business, or in connection therewith, shall render any permit and license therefore subject to cancellation or revocation, pursuant to Section 5.04.160(l) or Section 5.04.240 of the Gardena Municipal Code.

I, _____ declare under penalty of perjury that the statements contained in the attached Application for Special Business Activity Permit are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation of a permit and/or license hereunder.

Signature of Applicant(s)	Date
Print Name	

City Use Only

Documents Required:

- | | |
|---|----------------|
| <input type="checkbox"/> Department of Justice Permit | Received _____ |
| <input type="checkbox"/> ABC License with Conditions | Received _____ |
| <input type="checkbox"/> Insurance Certificate | Received _____ |
| <input type="checkbox"/> Bond | Received _____ |
| <input type="checkbox"/> Temporary Use Permit | Received _____ |
| <input type="checkbox"/> Conditional Use Permit | Received _____ |