



# Night Club License Application

(For office use only) License #:
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## Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513  
503-588-6256 \* [baspac@cityofsalem.net](mailto:baspac@cityofsalem.net)

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

## License information

Brief description of business	
Location of the night club	
Days and hours of operation	

## Applicant information

	Applicant	Employer
Name		
Home address		
Mailing address		
Phone number		
Email address		

I have attached a list of names and addresses of all principals, partners, corporate officers, and stockholders holding more than 10% of voting stock.    Not applicable                      Yes, list attached

## Business addresses in Oregon

Business name	Business address

## Background information (If necessary to answer any question completely, please attach an additional page.)

Have you ever been <b>ARRESTED</b> for other than a minor traffic violation?	No                      Yes (state crime, arresting agency and date):
Have you ever been <b>CONVICTED</b> for other than a minor traffic violation?	No                      Yes (state crime, arresting agency and date):
List any <b>PROBATION</b> violations within the last 10 years (If necessary, please attach an additional page.)	
List every alias, assumed name and previous name	
Applicant description and background	Sex: Marital Status: Date of birth: State of birth:
	Height (feet/inches): Weight (lbs): Color of eyes: Hair color:

<b>Identifying scars or marks</b>		
<b>Driver's license number</b>		
<b>Are you a United States citizen?</b>	No	Yes

**Places of residences during the past 10 years (If necessary, please attach an additional page.)**

Address	City	State	Dates

**Places of employment during the past 5 years (If necessary, please attach an additional page.)**

Employer	Address	Phone	Dates

**Character references, not related to you, residing locally (list at least 3)**

Name	Address	Phone

**Terms and conditions**

**Correct information:** I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

I agree (initials): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR POLICE USE ONLY**

	Date	By	<b>Record checked by:</b> SPD FBI MVR Oregon State Police County Other: _____
Fingerprints			
Photograph			
Returned to license division			
Approved	Yes	No	

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Fire safety plans submitted

Traffic and parking plan submitted