

DEPOSIT: \$ _____

CITY OF HAWTHORNE
BUSINESS LICENSE DIVISION
4455 WEST 126TH STREET
HAWTHORNE, CA 90250
(310) 349-2935

AIRPORT
CITY MANAGER
COMM. SERVICES
FIRE PREVENTION
POLICE DEPT.
FILE

APPLICATION FOR PERMIT
SUBJECT TO APPROVAL

APPLICATION FOR: _____

DATE: _____ LOCATION: _____

HOURS OF EVENT: from _____ to _____ NUMBER OF PEOPLE: _____

DESCRIPTION OF EVENT: _____

WILL ALCOHOL BE SERVED? YES _____ NO _____ ABC PERMIT REQUIRED? YES _____ NO _____

BUSINESS / ORGANIZATION NAME: _____

ADDRESS: _____

PERMIT APPLICANT:

1. _____
NAME: First Middle Last RESIDENCE ADDRESS: Street Number Street Name City

DATE OF BIRTH DRIVER'S LICENSE NUMBER SOCIAL SECURITY NUMBER

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER PAGER/CELL PHONE NUMBER

2. _____
NAME: First Middle Last RESIDENCE ADDRESS: Street Number Street Name City

DATE OF BIRTH DRIVER'S LICENSE NUMBER SOCIAL SECURITY NUMBER

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER PAGER/CELL PHONE NUMBER

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS IS MERELY AN APPLICATION FOR PERMIT AND, IF PERMIT IS GRANTED, I HEREBY AGREE TO COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, STATUTES AND ORDINANCES. I FURTHER UNDERSTAND THAT FALSE INFORMATION WILL BE GROUNDS FOR DENIAL OF PERMIT AND/OR TERMINATION OF EVENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICATION RECEIVED BY: _____ DATE: _____

APPROVED BY: _____ DEPARTMENT: _____ DATE: _____

SPECIAL INSTRUCTIONS / REQUIREMENTS: _____