

SAN GABRIEL POLICE DEPARTMENT

Supplemental Pre-Application Review Questionnaire

Notice to applicant: All applicable questions must be answered completely and legibly. Attach additional pages if necessary. This application submitted to the Community Development Department for the following uses (check all applicable uses):

- Acupressure/Message Therapy*
- Alcohol Sales*
- Bar*
- Internet Gaming*
- KTV*
- Late Night Dining*
- Live Entertainment/Karaoke/Dancing*
- Facial/Tanning Salons (Attach floor plan)*

For All Uses:

Business Name: _____

Business Address: _____ Business Phone: (____) _____

Type of Business: _____

Name of Applicant: _____

Applicant's Address: _____

Applicant's Phone Number: (____) _____ Alternate Number: (____) _____

For Alcohol Uses:

Class of A.B.C. License: _____ Is a License Existing?: Yes No (please attach copy)

Will food be served?: Yes No Days & Hours of Alcohol Service _____

For Entertainment Uses:

Type of Entertainment: Dancing Karaoke KTV Live Performance

Days & Hours of Entertainment: _____

For Internet Gaming Uses:

Days & Hours of Operation: _____ Age Restriction? Yes No

Number of Computer Stations: _____ Membership Required? Yes No

For Facial/Tanning Salon Uses:

Days & Hours of Operation: _____

Number of Rooms: _____