



Semi-Arcade Application

Type of Application

New

Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

Applicant Employer Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		

Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		
Height:	Weight:	Eye Color:
		Hair Color:

Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information **NA**

Last Name:		First Name:		MI:
Address (No P.O. Box):				
Date of Birth:		Social Security #:		
California Driver's License #:				
Height:	Weight:	Eye Color:	Hair Color:	

Business Partner Contact Information

Home Phone #:		Work Phone #:
Cell Phone #		Email Address:

Business Partner's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information **NA**

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

Names and Capacity of all Officers and Directors

Name:	Capacity:
Name:	Capacity:
Name:	Capacity:
Name:	Capacity:
Name:	Capacity:

Description of Business

Provide a description of the type of semi-arcade for which the permit is requested:

Employee or Independent Contractor Information
(Use additional pages if necessary)

Name	Address	Phone	Position

**Employee or Independent Contractor Information
(continued)**

Name	Address	Phone	Position

Semi-Arcade Equipment Description

Description	Quantity

Application Fingerprinting Information

Semi-Arcade Business applicants must be fingerprinted. Read the “Request for Livescan Instruction Sheet.” Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

Application Attachment Checklist

- Fingerprint application and copy of receipt.
- Two portrait photographs at least 2” x 2” in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Turning in the New Application

Contact the Permits office for an appointment at 408-866-2188. Bring with you the completed application, the fingerprint appointment form (and receipt), and the Police Department Application Fee. The Police, Fire Department and Zoning must approve of the application. Once the application is approved, a City Council Report will be prepared for an upcoming City Council meeting. Once the City Council renders a decision on your application, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

**Semi-Arcade Applications to the Police Department are accepted by
Appointment Only
408-866-2188**

FOR CAMPBELL PD INTERNAL USE ONLY				
Application Received	Fingerprints Cleared	Police Approval	Fire Approval	Zoning Approval
Date	Date	Date	Date	Date
Name	Name	Name	Name	Name

FOR CAMPBELL PD INTERNAL USE ONLY			
City Council Meeting	Application Granted	Application Denied	Permit Issued
Date	Date	Date	Date
