



Night Club License Application

(For office use only) License #:

Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6256 * 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 ARRESTED for other than a minor traffic violation?	No Yes (state crime, arresting agency and date):								
Have you ever been CONVICTED for other than a minor traffic violation?	No Yes (state crime, arresting agency and date):								
List any PROBATION 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	<table border="0"> <tr> <td>Sex:</td> <td>Height (feet/inches):</td> </tr> <tr> <td>Marital Status:</td> <td>Weight (lbs):</td> </tr> <tr> <td>Date of birth:</td> <td>Color of eyes:</td> </tr> <tr> <td>State of birth:</td> <td>Hair color:</td> </tr> </table>	Sex:	Height (feet/inches):	Marital Status:	Weight (lbs):	Date of birth:	Color of eyes:	State of birth:	Hair color:
Sex:	Height (feet/inches):								
Marital Status:	Weight (lbs):								
Date of birth:	Color of eyes:								
State of birth:	Hair color:								

Identifying scars or marks		
Driver's license number		
Are you a United States citizen?	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: _____

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

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Received by: _____ Date: _____

Issued by: _____ Date: _____

Fire safety plans submitted

Traffic and parking plan submitted

To submit:
Save the file to your computer and email to baspac@cityofsalem.net.