



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650 (632 W. 6th Avenue)
 Anchorage, Alaska 99519-6650

**TEEN NIGHTCLUB/CULTURAL
 PERFORMANCE VENUE
 PERMIT APPLICATION**
 (LICENSES ARE NOT TRANSFERABLE)

For Office Use Only	
License No. _____	
Date Issued _____	
<input type="checkbox"/> Original Application	<input type="checkbox"/> Renewal
Date: _____	

I, _____, manager/owner hereby make application for a one year TEEN NIGHTCLUB or CULTURAL PERFORMANCE VENUE PERMIT in accordance with Title 10 of the Anchorage Municipal Code for the 20 _____ license year.

APPLICANT'S NAME: _____ (PHONE) _____

APPLICANT'S MAILING ADDRESS: _____ (ZIP) _____

APPLICANT'S STREET ADDRESS: _____ (ZIP) _____

BUSINESS NAME: _____ (PHONE) _____

BUSINESS MAILING ADDRESS: _____ (ZIP) _____

BUSINESS STREET ADDRESS: _____ (ZIP) _____

Have you ever had any license or permit revoked or suspended? YES NO If yes, give details including date(s), place(s) and reasons (attach additional pages as needed) _____

List the true name, residence address, daytime telephone number, and date of birth of each person directly engaged or employed in the management or operation of the business.

NAME	TITLE	RESIDENCE ADDRESS	PHONE #	BIRTHDATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OWNER/LANDLORD NAME _____

OWNER/LANDLORD ADDRESS _____

If a partnership, list the true name, principal occupation, residence address, birth date and daytime telephone number of each partner and number of shares owned or controlled by each.

NAME	OCCUPATION	RESIDENCE ADDRESS	PHONE #	BIRTHDATE	SHARES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

State of Alaska Business License No. _____ Expiration Date _____ (Please attach a copy)

The premises which is the subject of this application is in compliance with the Anchorage Municipal Code. Further I agree to comply with all laws, including, but not limited to, the noise control regulations in the conduct and operation of the TEEN NIGHTCLUB OR CULTURAL PERFORMANCE VENUE.

IF CORPORATION, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			
President:			
Vice President:			
Secretary:			
Treasurer:			

Directors and Stockholders holding 30% or more of stock in the corporation:

Name:			
Name:			
Name:			

State of Alaska)
) ss:
 Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

 Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____, 20_____.

I.D. Furnished (Document & Number): _____

Fee Paid: \$ _____ (cash: _____ check no. _____) Receipt No. _____

 Notary Public

My commission expires: _____

**TEEN NIGHTCLUB/CULTURAL PERFORMANCE VENUE PERMIT APPLICATION
STATEMENT OF PROCEDURES FOR CROWD PROTECTION , TRAFFIC CONTROL AND CURFEW LAW COMPLIANCE**

Business Name and Address: _____

1. How will you identify when occupancy/capacity limits have been met? _____

2. How will entry be restricted when the premise is at capacity? _____

3. What are your emergency evacuation plans? Who will be responsible for clearing the nightclub in case of emergency? _____

4. Identify the means to control or evict persons who pose a threat or hazard to others on the premises. _____

5. What procedure is used to summon Police or Fire to an emergency or altercation? _____

6. Describe procedures for admission. Where is the line located and what method will be used to prevent blocking of the sidewalk? _____

7. Describe procedures for ensuring compliance with the Municipality's curfew ordinance. _____

STATEMENT OF PARKING PLAN AND DISTANCE FROM RESIDENTIAL BUILDINGS

1. How do you plan to provide parking for patrons? How many parking spaces will be provided? _____ Please attach a diagram. _____

2. What is the distance from the location of the proposed TEEN NIGHTCLUB/CULTURAL PERFORMANCE VENUE to the nearest residential dwelling? _____ Please attach a certification from the Department of Community Planning and Development that the location of the proposed TEEN NIGHTCLUB/CULTURAL PERFORMANCE VENUE is more than 150 feet from the nearest residential dwelling. (An applicant is exempt from this requirement only if the TEEN NIGHTCLUB/CULTURAL PERFORMANCE VENUE had already been operating as of August 1, 1996.)

**TO BE COMPLETED BY TEEN NIGHTCLUB APPLICANTS ONLY
STATEMENT ON AGE RESTRICTIONS AND CONTROLS**

1. How will you verify age of prospective patrons? How will you prevent prospective patrons under 14 or 21 or older from entering unless they fit in the ordinance's exceptions? _____

2. How will you prevent entrance of persons for whom a parent or legal guardian has requested such limitation? _____

**TO BE COMPLETED BY CULTURAL PERFORMANCE VENUE APPLICANTS ONLY
EVIDENCE OF QUALIFICATION FOR CULTURAL PERFORMANCE VENUE PERMITS**

State all evidence that shows the applicant can qualify for a permit as a cultural performance venue under AMC 10.55.005 B.

ATTACH ADDITIONAL SHEETS AS NEEDED

Applicant Signature _____ Title _____

Applicant Printed Name _____ Date _____