



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
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License #: _____
Date Issued: _____

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

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

Application Date: _____

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

_____ (Initial) I have read and understand AMC 10.55 and will comply with all applicable requirements of Title 10.

_____ (Initial) I understand that the application must be submitted at least 90 days prior to opening or operating.

_____ (Initial) I attest that the premises is in compliance with Anchorage Municipal Code and I will comply with all applicable laws, including noise control regulations.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____

Applicant's Street Address: _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____

Business Street Address: _____

Email Address (required*): _____
**All correspondence regarding this application and subsequent license will be sent via provided email address.*

PLEASE COMPLETE THE FOLLOWING: (Attach additional pages if needed.)

1. Have you ever had any license or permit revoked or suspended? Yes No
 If you answered "yes," please list details including date(s), place(s) and reason(s) for revocation or suspension: _____

2. Statement of procedures for crowd protection, traffic control, and curfew law compliance per AMC 10.55.020A.4.

- a. How will you identify when occupancy/capacity limits have been met?: _____
- b. How will entry be restricted when the premises is at capacity?: _____
- c. What are your emergency evacuation plans? Who will be responsible for clearing the nightclub in case of emergency?: _____
- d. Identify the means to control or evict persons who pose a threat or hazard to others on the premises.: _____
- e. What procedure is used to summon Police or Fire to an emergency or altercation?: _____
- f. Describe procedures for admission, where is the entrance located, what method will be used to prevent blocking of the sidewalk?: _____
- g. Describe procedures for ensuring compliance with the curfew hours as described in AMC 8.75.060.: _____

3. Statement of parking plan and distance from residential buildings.

- a. How do you plan to provide parking for patrons and how many parking spaces will be provided? (Please attach parking diagram.): _____
- b. What is the distance from the location of the proposed establishment to the nearest residential dwelling? (Please attach a certification from Economic & Community Development that the location of the proposed establishment is more than 150 feet from the nearest residential dwelling.): _____

TEEN NIGHTCLUB APPLICANTS - PLEASE COMPLETE THE FOLLOWING:

1. How will you verify age prior to entry of establishment, How will you prevent patrons under 14 or over 21 from entering? (Excluding exceptions per AMC 10.55.050.): _____
2. How will you prevent entrance of persons for whom a parent or legal guardian has requested such limitation?: _____

CULTURAL PERFORMANCE VENUE APPLICANTS - PLEASE COMPLETE THE FOLLOWING:

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

PLEASE LIST FOLLOWING INFORMATION FOR ALL PERSONS WHO WILL BE DIRECTLY ENGAGED OR EMPLOYED IN THE MANAGEMENT OR OPERATION OF THE PROPOSED BUSINESS:

Name	Title	Residence Address	Phone	Date of Birth

IF PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING:

Name	Occupation	Residence Address	Phone	Date of Birth	Shares

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- Proof of Liablity Insurance as required by AMC 10.55.065
- Parking diagram
- Certification from Economic & Community Development of distance from residential dwelling.
- State of Alaska Background Check (received from the Department of Public Safety).
- State of Alaska Business License #: _____ Date Issued: _____ Date Expires: _____

IF BUSINESS ENTITY, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. WARNING: I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of Applicant _____ Date _____

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I.D. Furnished and Number	Fee Paid: \$	Cash	Credit Card	Check No.	Receipt No.