	OFFICE OF THE MUNICIPAL CLERK				For Office Use Only	
	P.O. Box 196650 (632 W. 6th Ave., Ste Anchorage, Alaska 99519-6650				No	
PLEASE PRINT OR TYPE INFORMATION		PERFORMAN	PERFORMANCE VENUE PERMIT APPLICATION		sued	
Application	n Date:	(LICENSES ARE NOT	TRANSFERABLE)			
l,	, here <b>!</b>	by make application for a	TEEN NIGHTCLU	B 🗌 CULTURAL PERFOR		in
accordanc	ce with Title 10 of the Anchorage Municip	cal Code for the 20	, 20 lic	ense years.		
Applicant's Name:				(Phone)		
Applicant's Mailing Address:				(ZIP)		
Applicant's	Street Address:			(ZIP)		
Business Name:				(Phone)		
Business Mailing Address:				(ZIP)		
Business S	Street Address:			(ZIP)		
Have you ever	r had any license or permit revoked or suspended?	☐ YES ☐ NO If yes, give details	including date(s), place(s)	and reasons (attach additional pa	ages as needed)	
List the true na	ame, residence address, daytime telephone number, a	and date of birth of each person dir	ectly engaged or employed	in the management or operation of	of the business.	
NAME	TITLE	RESIDENCE ADDRES	S	PHONE	E # BIRTHDAT	E
	DLORD NAME					
	p, list the true name, principal occupation, residence a	address, birth date and daytime te	ephone number of each pa	Irtner and number of shares owne	ed or controlled by each.	
NAME	OCCUPATION	RESIDENCE ADDRESS		PHONE #	BIRTHDATE SHA	RES
noise control	s which is the subject of this application is in con I regulations in the conduct and operation of the Iaska Business License No(plu	TEEN NIGHTCLUB OR CULTUR	RAL PERFORMANCE VEI	NUE.	including, but not limited to, th	
IF BUSINE	ESS ENTITY, PLEASE COMPLETE:					
State of Ala	aska )					
Third Judic	) ss: cial District )					
					king the foregoing application	
his/her kno	rized agent for this business that the ansowledge.	Swers to the questions a	id other statements	contained in this applicat	ion are true and complete	ຍ ເບ
Subscribed	d and Sworn to before me this day	y of, 20	)	Signature of Ap	pplicant	
			No	tem Dublia		
				tary Public commission expires:		
	I.D. Furnished and Number	FOR OFFICE Fee Paid: \$	USE ONLY Cash	Check No.	Passint No.	
		Γτε Γαιυ. φ	Cash	CHECK NO.	Receipt No.	
				l		

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MUNICIPALITY OF ANCHORAGE

## 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 \_\_\_\_

Applicant Printed Name

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Date