



**CITY OF NEWPORT BEACH**

REVENUE DIVISION  
100 CIVIC CENTER DRIVE • P.O. BOX 1768 • NEWPORT BEACH, CA 92658-8915  
(949) 644-3141  
RevenueHelp@newportbeachca.gov • http://www.newportbeachca.gov/Revenue

<b>OFFICE USE ONLY</b>
Permit Number
Master ID

**ADULT ORIENTED BUSINESS  
PERMIT APPLICATION**

**\$1,383.00 application fee due upon submittal.**  
Make check payable to City of Newport Beach

**BUSINESS INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Description of Parcel: \_\_\_\_\_

Anticipated Occupancy: \_\_\_\_\_ Date Enterprise Acquired: \_\_\_\_\_ Date of Commencement: \_\_\_\_\_

*\* Attach a Site Plan describing the building and/or unit proposed for the entertainment establishment and a fully dimensioned interior Floor Plan.*

*Describe all proposed entertainment activities. Attach additional sheets if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNER(S)**

*Attach information about any additional owners on a separate sheet*

Name \_\_\_\_\_ Alias(es) \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Alias(es) \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Have any of the owners previously operated any similar business under a permit or license? No  Yes

If Yes, has any owner ever had the license or permit revoked or suspended? No  Yes

If Yes, explain \_\_\_\_\_

Is the Premises rented, leased, or being purchased under contract? No  Yes

If Yes, attach a copy of the lease or contract.

**DECLARATION**

I HEREBY CERTIFY THAT I INTEND TO AND THAT I WILL COMPLY WITH ALL THE OPERATIONAL REQUIREMENTS OF SECTION 5.96.025 OF THE NEWPORT BEACH MUNICIPAL CODE.

UNDER THE PENALTY OF PERJURY, I CERTIFY THAT I HAVE PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THAT IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF CHAPTER 5.96 OF THE NEWPORT BEACH MUNICIPAL CODE.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date