



Covina Police Department  
 444 North Citrus Avenue  
 Covina, CA 91723  
 (626) 384-5595, Ext. 5623  
<http://www.covinaca.gov/city-departments/police>

**EVENT PROMOTER PERMIT:  
 PART A  
 APPLICANT & VENUE  
 INFORMATION**

**EVENT PROMOTER PERMIT APPLICATION:  
 PART A – APPLICANT & VENUE INFORMATION**

*(Please type or print clearly. If additional space is needed, attach additional pages.)*

| EVENT PROMOTER INFORMATION  |  |   |  |
|---|--|---|--|
| <b>Date:</b>  | <b>Permit Type:</b><br><input type="checkbox"/> Initial <input type="checkbox"/> Subsequent <input type="checkbox"/> Special Event | <b>Application No.:</b><br><i>To be completed by Police Dept.</i>         |  |
| <b>Event Promoter Name:</b>   |  |   |  |
| <b>Event Promoter Address:</b>  |  |   |  |
| <b>Contact Telephone Number:</b>  |  | <b>Fax:</b>   |  |
| <b>Business Website:</b>  |  |   |  |
| <b>Covina Bus. License #:</b>   |  | <i>(Copy of license must be attached)</i>                                 |  |
| Select the type(s) of business entity that constitutes the Event Promoter. Applicant is required to complete and submit the referenced Exhibit(s) based upon the type of business entity constituting the Event Promoter. |  |   |  |
| <input type="checkbox"/> Natural Person<br>(Exhibits 1 & 6)   | <input type="checkbox"/> Corporation<br>(Exhibits 2 & 6)   | <input type="checkbox"/> Limited Liability Company<br>(Exhibits 3 & 6)    |  |
| <input type="checkbox"/> Limited Partnership<br>(Exhibits 4 & 6)  | <input type="checkbox"/> General Partnership<br>(Exhibits 5 & 6)   | <input type="checkbox"/> Combination<br>(Exhibits based upon combination) |  |
| <input type="checkbox"/> Other (Describe the entity or entities): _____<br>_____  |  |   |  |

| VENUE INFORMATION                |  |                              |                                     |                                 |  |
|----------------------------------|--|------------------------------|-------------------------------------|---------------------------------|--|
| <b>Venue Name:</b>               |  |                              |                                     |                                 |  |
| <b>Venue Address:</b>            |  |                              |                                     |                                 |  |
| <b>Contact Telephone Number:</b> |  |                              |                                     | <b>Fax:</b>                     |  |
| <b>Business Website:</b>         |  |                              |                                     |                                 |  |
| <b>Venue Type:</b>               | <input type="checkbox"/> Restaurant      | <input type="checkbox"/> Bar | <input type="checkbox"/> Night Club | <input type="checkbox"/> Retail | <input type="checkbox"/> Other ( <i>specify</i> )<br>_____ |
| <b>Entertainment Permit #:</b>   | <i>(Copy of permit must be attached)</i> |                              |                                     |                                 |  |

| <b>MANAGER(S)/SUPERVISOR(S) INFORMATION:</b>  |                |             |              |                 |
|---|----------------|-------------|--------------|-----------------|
| <b>Names &amp; Complete Addresses of All Managers and/or Supervisors Who Will Remain at Entertainment Venue During Event:</b> |                |             |              |                 |
| <b>NAME</b>   | <b>ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> |
| <b>NAME</b>   | <b>ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> |
| <b>NAME</b>   | <b>ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> |
| <b>NAME</b>   | <b>ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP CODE</b> |

I, the undersigned, have read Covina Municipal Code Chapter 5.28 (“Entertainment”) with reference to this application and the presentation of entertainment in the City of Covina. I am duly authorized as or by the business owner to submit this application on the business owner’s behalf. I affirm under penalty of perjury that the contents of this application (and all Exhibits and Attachments hereto) are true and accurate.

|  |  |                        |  |
|--|--|------------------------|--|
| <b>Event Promoter’s /Agent’s Printed Name:</b> |  | <b>Title:</b>          |  |
| <b>Event Promoter’s /Agent’s Signature:</b>    |  | <b>Date:</b>           |  |
| <b>Telephone No.:</b>                          |  | <b>E-Mail Address:</b> |  |

**ATTACHMENTS** (check all that apply):

- Exhibit 1
- Exhibit 2
- Exhibit 3
- Exhibit 4
- Exhibit 5
- Exhibit 6
- Authorization for Release of Information
- Covina Business License
- Entertainment Permit
- Additional Pages (Number of additional pages: \_\_\_\_\_)