

HOTEL/MOTEL PERMIT TO OPERATE

RENEWAL APPLICANTS MUST SUBMIT THE FOLLOWING ANNUALLY:

1. Permit to Operate (PTO) Application (3 pages)
2. Police Clearance Form (1 page)
3. Bring or attach two (2) passport photos
4. Copy of Business License
5. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
6. Proof of Pest Control clearance within the last month
7. Submit IMPRINTED check for fees (Invoice sent prior to expiration)

PER UNIT INSPECTION FEE

\$ 208.00	Hotel/Motel Permit Investigative Fee
\$	Hotel/Motel Per Unit Inspection Fee
\$	TOTAL "RENEWAL" PTO Fees**

<u># OF UNITS</u>	<u>INSPECT FEE</u>
6-12 units	\$168.00
13-25 units	\$252.00
26-50 units	\$420.00
51-90 units	\$715.00
91 + units	\$925.00

NEW APPLICANTS MUST SUBMIT THE FOLLOWING ITEMS:

1. Permit to Operate (PTO) Application (3 pages)
2. Police Clearance Form (1 page)
3. Request for LIVE SCAN – Fingerprint (1 page)
4. Bring two (2) passport photos
5. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
6. Contact Almarosa Vargas at 937-8952 to schedule fingerprint appointment
7. Copy of Management Plan
8. Copy of Business License
9. Proof of Pest Control clearance within the last month
10. Submit IMPRINTED check for fees (Invoice sent prior to expiration)

PER UNIT INSPECTION FEE

\$ 208.00	Hotel/Motel Permit Investigative Fee
\$ 32.00	State Fingerprint Fee
\$ 20.00	City Fingerprint Fee
\$	Hotel/Motel Per Unit Inspection Fee
\$	TOTAL "NEW" PTO Fees**

<u># OF UNITS</u>	<u>INSPECT FEE</u>
6-12 units	\$168.00
13-25 units	\$252.00
26-50 units	\$420.00
51-90 units	\$715.00
91 + units	\$925.00

The City of Stockton will annually send out the Permit to Operate Fee Invoice thirty (30) days prior to expiration. All required items must be submitted together and prior to the expiration to Neighborhood Services.

Questions? Contact Almarosa Vargas in Neighborhood Services at 937-8952

Fingerprint Appointment: _____

Bus. Lic# _____

CURRENT YEAR _____

**CITY OF STOCKTON
HOTEL, MOTEL AND/OR RESIDENTIAL HOTEL/MOTEL
PERMIT TO OPERATE APPLICATION**

Residential Hotel/Motel

Hotel/Motel

New

Renewal

Name of Hotel/Motel: _____

Location Address: _____

Mailing Address: _____

Phone # _____ Fax # _____

Business License Holder: _____ Phone # _____

Mailing Address: _____

Property Owner: _____ Phone # _____

Mailing Address: _____

Lease Holder: _____ Phone# _____

Mailing Address: _____

Please list all Managers employed at this facility (attach additional paper if necessary):

Manager: _____ Phone# _____

Mailing Address: _____

Manager: _____ Phone# _____

Mailing Address: _____

Manager: _____ Phone# _____

Mailing Address: _____

Manager: _____ Phone# _____

Mailing Address: _____

1. Are you currently or have you ever owned/operated, managed or worked at a hotel, motel and/or residential hotel/motel? Yes No
- If so, please provide the following information and answer the following questions separately for each facility (you may attach an additional sheet of paper if necessary):
Name of facility(s): _____

Address of facility(s): _____

 - How long did you own/operate or work at the facility(s)? _____
 - What was your capacity at the facility(s) (i.e., Manager, desk clerk, etc.,)? _____
 - Was the facility(s) you listed above ever cited for health, safety, fire and/or building code violation(s)? Yes No
 - If so, were all corrections and/or repairs of those violations completed and approved within the time required on the citation? Yes No
 - During your involvement with the facility(s), has there been repeat citations for health, safety and/or building code violations? Yes No
 - In the past five years, has the facility(s) ever been cited for violations, and subsequently vacated due to corrections/repairs not being completed? Yes No
2. How many managers do you employ at your facility? _____
3. In the past three years, have you ever had a Permit to Operate denied, revoked or suspended within the State of California? Yes No
- If so, please provide the reason for denial, revocation and/or suspension and the location that the permit was denied, revoked and/or suspended: _____

4. Have you ever applied for a Permit to Operate using a different name? Yes No
- If so, please provide the other name: _____
5. As the property owner, operator, manager and/or lessee of a hotel/motel, within the last five years, have you terminated your lease, defaulted on your loan, or otherwise discontinued your association with the property while violations, as cited in a Notice of Violation, Notice and Order, Administrative Citation, etc., were still outstanding?
 Yes No
- If so, please describe: _____

6. Are you currently on probation or parole? Yes No
- If so, are you required to register each year: Yes No
7. The Permit to Operate Application must include contact information for all manager(s) and/or other person(s) connected to the management of the business (**SMC §7-111.5**)
- Department of Justice Background Check Application
 - Two passport-size identity prints of the applicant
 - Written evidence that the applicant is 18 or older (i.e. copy of legal form of identification showing date of birth)
 - Proposed Management Plan
 - Pest Control Certification (must be dated not more than 30 days prior to application date)
 - Copy of Current Business License

Residential Hotel/Motel Applications MUST also include the following (§7-111.6)

- Request for variance for required Common Indoor Space (if applicable)
- Signed statement that the Residential Hotel/Motel shall not operate without an on-site Manager or designee in charge of the premises at all times.

I hereby certify under penalty of perjury that that above information is true and correct to the best of my knowledge and belief.

AUTHORIZED SIGNATURE

DATE

P Number: _____

Business License Number: _____

Business Control Number: _____

**POLICE CLEARANCE APPLICATION
CHIEF OF POLICE
CITY OF STOCKTON, CALIFORNIA**

INDIVIDUAL INFORMATION REQUIRED FOR CLEARANCE - APPLICANT

TYPE OF CLEARANCE: (Check One)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> TRANSIENT PHOTOGRAPHER | <input type="checkbox"/> BINGO |
| <input type="checkbox"/> PRIVATE SECURITY | <input type="checkbox"/> SOLICITOR |
| <input type="checkbox"/> PEDDLER | <input type="checkbox"/> MESSAGE TECH |
| <input type="checkbox"/> MESSAGE OWNER | <input type="checkbox"/> CARD ROOM |
| <input type="checkbox"/> CARD ROOM OWNER | <input type="checkbox"/> DEALER |
| <input type="checkbox"/> TAXI CAB DRIVER | |
| <input type="checkbox"/> OTHER: _____ | |

Appointment Date/Time: _____

APPLICATION: NEW _____ RENEWAL _____

In applying for a license in the CITY OF STOCKTON, I offer the following information regarding myself:

NAME: _____ TELEPHONE: () _____
LAST FIRST MIDDLE

A.K.A.(S): _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ SEX: M ___ F ___ EYE COLOR: _____ HAIR COLOR: _____

(CHECK ONE) MARRIED: _____ SINGLE: _____ DIVORCED: _____ SEPARATED: _____

DRIVER'S LICENSE NUMBER OR IDENTIFICATION NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS EMPLOYERS:

COMPANY NAME	ADDRESS	CITY	STATE	COUNTRY
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

REFERENCES:

NAME	ADDRESS	CITY	STATE	ZIP
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

RECORD OF ARRESTS (If none, initial here _____)

DATE OF ARREST	LOCATION OF ARREST	CHARGE(S)

IMPORTANT NOTICE: I declare under penalty of perjury that the statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial or revocation of the Regulatory work permit. I also understand I will be fingerprinted upon my initial application and will be photographed annually. I am aware that all fees associated with this application are non-refundable.

(TURN FORM OVER FOR LIST OF FEES) _____ SIGNATURE OF APPLICANT _____ DATE SIGNED _____

SMC CODE SECTION ISSUED _____



INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

******For "NEW" applicants only******

1. Neighborhood Services **MUST** schedule your fingerprint appointment. Call 937-8813 for appointment.
2. You must be on time for your appointment. If you are more than 10 minutes late, you **MUST** reschedule for another date by calling 937-8813.
3. Arrive 10 minutes early at 22 East Weber, GROUND FLOOR on the day of your scheduled appointment.
4. Finger Print Office is located in the Parking Garage Building on the GROUND FLOOR – 22 E. Weber Ave corner of Center Street and Weber Avenue.

**Stewart Eberhardt Building
City of Stockton Police Department
Evidence Identification Section
22 E. Weber Ave GROUND FLOOR
(Entrance is on the Center Street and Weber Ave.)**

Appointment Date _____

Appointment Time _____ **Arrive 10 minutes early**

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____
Street No. Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City State Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street No. Street or PO Box

Place of Birth: _____ City, State and Zip Code _____

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____
Street No. Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____
City State Zip Code _____ () _____
Agency Telephone No. (optional) _____

Live Scan Transaction Completed By: _____ Name of Operator _____ Date _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____