

# **CITY OF LONG BEACH**

DEPARTMENT OF FINANCIAL MANAGEMENT

333 West Ocean Blvd • Long Beach, California 90802



April 1, 2008

HONORABLE MAYOR AND CITY COUNCIL City of Long Beach California

#### RECOMMENDATION:

Receive the supporting documentation into the record, conclude the hearing and grant a One-Year Short-Term Permit with conditions, or deny the Permit on the application of Wilfredo Antonio Ramos, DBA La Hacienda Club, 1551 Santa Fe Avenue, for a Permit for Entertainment With Dancing by Patrons at an existing Bar/Tavern/Lounge. (District 1)

### DISCUSSION

The Long Beach Municipal Code (LBMC) requires an application be filed and a hearing be held before the City Council whenever this type of activity is requested and before a license or permit is granted or denied.

The LBMC also requires that the City Council make a determination that the application is complete and truthful; the applicant, the person interested in the ownership and operation of the entity, and the officers and trustees of the entity are law-abiding persons who will operate and conduct the business activity in a lawful manner; and, that the public peace, welfare, and safety will not be impaired. If this is so, the application shall be approved; if not, it shall be denied.

Attached for your review is the application from Wilfredo Antonio Ramos, DBA La Hacienda Club. Also attached are reports from various departments and a summary of those reports, as well as the license history of the establishment.

City departments have conducted their investigation in accordance with the LBMC. The following summarizes their findings:

- The Police Department recommends that the permit for entertainment with dancing by patrons be approved as a One-Year Short-Term permit with conditions.
- The Fire Department recommends that the permit for entertainment with dancing by patrons be approved with conditions.

- The Health and Human Services Department finds that the building/location meets department requirements for the proposed use with the condition that the establishment remain in compliance with the Long Beach Noise Ordinance (LBMC Chapter 8.80).
- The Long Beach Development Services Department recommends that the permit for entertainment with dancing by patrons be approved.

In the event that any of the recommended conditions attached to any permit or licenses are in conflict, the permittee shall adhere to the strictest of the applicable conditions. This location has been licensed as a Bar/Tavern/Lounge since July 2004.

### **TIMING CONSIDERATIONS**

The hearing date of April 1, 2008, has been posted on the business location, with the applicant and property owners within 300 feet notified by mail.

This matter was reviewed by Deputy City Attorney Cristyl Meyers on March 4, 2008.

### FISCAL IMPACT

The following fees were collected with the application: Building Inspection \$300 and Zoning Review \$14 (Development Services Department), Police Investigation \$1,000 (Police Department), Temporary Permit \$300, Labels \$90 (Financial Management Department), and Health/Noise Control \$94 (Health and Human Services Department).

The following fees will be collected if the application is approved: Business License \$299.88 and Regulatory \$825 (Financial Management Department).

SUGGESTED ACTION:

Approve recommendation.

Respectfully submitted.

DIRECTOR OF FINANCIAL MANAGEMENT/CFO

K:\Exec\Council Letters\Commercial Services\Hearing Letters\04-01-08 ccl - La Hacienda.doc

CITY MANAGER

APPROVED:

**ATTACHMENTS** 



# **CITY OF LONG BEACH**

**DEPARTMENT OF FINANCIAL MANAGEMENT** 

333 WEST OCEAN BOULEVARD • LONG BEACH, CALIFORNIA 90802

### **SUMMARY OF APPLICATION FOR BUSINESS PERMIT**

Attached for your review and action is an application for Wilfredo Antonio Ramos, DBA La Hacienda Club. Also attached are reports from various departments stating their recommended disposition of the subject application. These are summarized as follows:

### SUBMITTED FOR CITY COUNCIL ACTION

|                                        |                                                                                      | Without<br><u>Concern</u> | With<br>Conditions | With<br>Concerns |
|----------------------------------------|--------------------------------------------------------------------------------------|---------------------------|--------------------|------------------|
| Police Department                      |                                                                                      |                           | Х                  |                  |
| Fire Prevention Bu                     | reau                                                                                 |                           | X                  |                  |
| Health and Human<br>Department/Noise   | · · · ·                                                                              |                           | X                  |                  |
| Long Beach Develo                      | opment Services                                                                      | X                         |                    |                  |
|                                        |                                                                                      |                           |                    |                  |
| Questions concern                      | ing the above may be direc                                                           | ted to the follo          | wing:              |                  |
| Fire Department, F<br>Health and Human | Chief of Policeire Prevention Bureau<br>services Department, Nois<br>opment Services | e Control                 |                    | 570-4130         |
| Compiled by:                           | Department of Financial M<br>Commercial Services Bure                                | •                         |                    |                  |



# **CITY OF LONG BEACH**

DEPARTMENT OF FINANCIAL MANAGEMENT

333 West Ocean Boulevard • Long Beach, CA 90802 • (562) 570-5700 • Fax (562) 570-6867

COMMERCIAL SERVICES DIVISION

### FIVE YEAR HISTORY OF BUSINESS ESTABLISHMENT 1551 Santa Fe Avenue

Wilfredo Antonio Ramos DBA: La Hacienda Club Lic#20749360

L1c#20749360 11/07 – Pending

Wilfredo Antonio Ramos

DBA: La Hacienda Club Lic#20749350 11/07 – Active **Entertainment With Dancing** 

Bar/Tavern/Lounge

Wilfredo Antonio Ramos

DBA: La Hacienda Club Lic#20749370

11/07 – Active

Pool Table

Laurence Garcia

DBA: La Hacienda Club

Lic#20432970 07/04 - 11/07

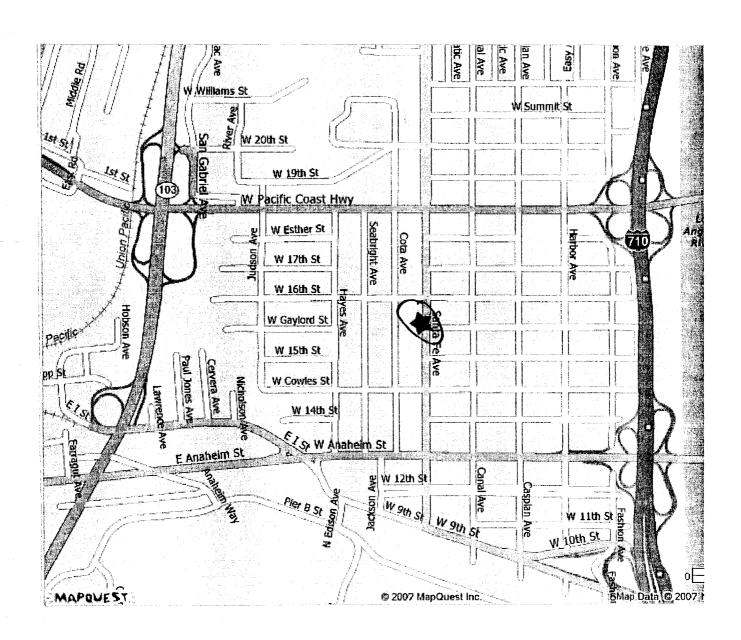
Bar/Tavern/Lounge

Laurence Garcia

DBA: La Hacienda Club

Lic#20432990 11/04 – 11/07 **Entertainment With Dancing** 

# La Hacienda Club 1551 Santa Fe Ave.





| USE ONLY       | M.      | N     | . /   | 1     |
|----------------|---------|-------|-------|-------|
| Accepted By:   | / 7 00- | & are | Date: | 26/17 |
| Zoning Approva | i By    |       | Date: |       |

# APPLICATION FOR ENTERTAINMENT PERMIT (Please Print All Information – Incomplete Applications Will Not Be Accepted)

| Applicant's Name (Legal Ownership Structure): Witherdo Antonio Rames                                        |
|-------------------------------------------------------------------------------------------------------------|
| Business Name (DBA): LA HACIENCA XIGNICIUG Business Phone: () 562 983 1148                                  |
| Business Site Address: 1551 SANTA FE AU L. 8 COI 90813                                                      |
| Date Business Proposes To Open: 1//1/0 7                                                                    |
| Days & Time Premises Are Open For Inspection: Frid SAT-SURT & PM 200 AM                                     |
| Days & Time Premises Are Open For Inspection: Fris-SAT-SURF & PM 200 AM  Proposed Use(s):  Proposed Use(s): |
| Entertainment/Restaurant With Dancing Without Dancing                                                       |
| Entertainment/Tavern With Dancing Without Dancing                                                           |
| Social Club Pool or Billiard Hall Other (explain)                                                           |
| Explain briefly the proposed use of the rooms within the building:                                          |
| Contact Person(s) Name (authorized agent, manager, etc.):                                                   |
| OFFICE USE ONLY                                                                                             |
| Building Fire Health (Check Inspecting Department) Date Received:                                           |
| Building/Location meets Department Requirements for the proposed use.                                       |
| Building/Location meets Department Requirements for the proposed use subject to the following conditions:   |
|                                                                                                             |
| Building/Location does not meet Department requirements for the proposed use.                               |
| Inspection Completed On (date): By:                                                                         |
| POLICE DEPARTMENT                                                                                           |
| Police Department finds no for basis for denial Police Department finds basis for denial                    |
| Police Department finds no for basis for denial with conditions                                             |
| Conditions or Basis for Denial:                                                                             |
| V                                                                                                           |
| By: Title: Date:                                                                                            |
|                                                                                                             |

# **GENERAL INFORMATION (All Applicants)**

| Principal place of business (if other than the address listed on page 1):                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fictitious business names(s) or dba(s) used:                                                                                                                                  |
| Place and date of filing fictitious business name statement: City of long beacu                                                                                               |
| County(ies) in which fictitious name statement is (are) filed:                                                                                                                |
| Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Long Beach:       |
| NONE                                                                                                                                                                          |
|                                                                                                                                                                               |
| Name and address of person (agent) authorized to accept service of process in California: Cal 91770  Wilfredo Rhmcs 3745 Brookling by Rosemens                                |
| State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which held, and expiration date thereof: |
| 31401/                                                                                                                                                                        |
| Is this applicant a subsidiary of a present corporation or business?  If yes, explain:                                                                                        |
| How long has the corporation or business been in operation?                                                                                                                   |
| Is the location: Owned? Rented/Leased?                                                                                                                                        |
| If Rented/Leased, state the name and address of property owners: 12/14/on customer @ counter goy                                                                              |
| Name: Etnaixi MORAIES                                                                                                                                                         |
| Address: 350 W /6 5T SAX PE dro CD/ 9073/                                                                                                                                     |
|                                                                                                                                                                               |

# GENERAL OPERATING CONDITIONS Complete Each Question

## ALCOHOL/FOOD/ADDITIONAL BUSINESSES

| 1. V  | Vill liquor be sold or consumed on the premises?                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| а     | . If Yes, complete the following box:                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       |                                                                                                                                                                                                                                                                                                                                                   | s Type: (Club (restaurant) or<br>Commercial (store)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| On sa | ale beer                                                                                                                                                                                                                                                                                                                                          | The state of the s |
| On sa | ale beer and wine 2 40 6123 Ban - 413                                                                                                                                                                                                                                                                                                             | GNT CIUB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| On sa | ale distilled spirits                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2.    | Is a bonafide-eating place provided on the premises? (Bonafide eating place means a serving meals for compensation, which has suitable kitchen facilities containing assortment of foods for ordinary meals other than fast foods, sandwiches or salads, refrigeration for food and must comply with all applicable regulations of the Health and | g conveniences for cooking an<br>The kitchen must contain proper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|       | a. If yes, list types of food sold:                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | b. If no, list any products (such as snacks sold):                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.    | Are non-alcoholic beverages sold?                                                                                                                                                                                                                                                                                                                 | VES   NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|       |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.    |                                                                                                                                                                                                                                                                                                                                                   | ☐ YES ☐ NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5.    | Are other types of businesses conducted on the premises?                                                                                                                                                                                                                                                                                          | T TES WINO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|       | a. If yes, list type(s):                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6.    | Are pool tables provided?                                                                                                                                                                                                                                                                                                                         | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|       | a. If yes, indicate number:                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7.    | a. If yes, license number: 3020749370                                                                                                                                                                                                                                                                                                             | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|       | a. If yes, license number: 03 0 2 0 7 4 7 3 7 0                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8.    | Are amusement machine(s) and/or jukebox(es) provided?                                                                                                                                                                                                                                                                                             | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ,     | a. If yes, indicate number and type: Amusement Machines                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9.    | Is there a license for the amusement machine(s) and/or jukebox(es)?                                                                                                                                                                                                                                                                               | YES VNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|       | a. If yes, decal number(s):                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10.   | Owner of machine(s) and/or jukebox(es):                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | Name:                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | Address:                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | Telephone No()                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# GENERAL OPERATING CONDITIONS (continued) Complete Each Question

|     |                  |                 |                  | SECURITY            |                   |                                       |          |             |
|-----|------------------|-----------------|------------------|---------------------|-------------------|---------------------------------------|----------|-------------|
| 11. | Will security of | ficers be pro   | vided?           |                     | YES               | □ NO                                  |          |             |
|     | a. If yes, nu    | mber of secu    | rity officers:   | 2                   | <del></del>       | /                                     |          |             |
| 12. | Is any other typ | e of security   | provided?        |                     | YES               | NO                                    |          |             |
| •   | a. If yes, de    | scribe type o   | f security:      |                     |                   |                                       |          |             |
|     |                  |                 |                  |                     |                   | · · · · · · · · · · · · · · · · · · · |          |             |
| Day | s and hours sec  | urity officer   | s or other se    | ecurity will be p   | rovided (fill out | complete                              | ly):     |             |
|     | Day              | Monday          | Tuesday          | Wednesday           | Thursday          | Friday                                | Saturday | Sunday      |
|     | Hours of         | SOOPM           | 800 pm           | 800 PM<br>200 AM    | 800 PM            | 800                                   | 800 44   | 800 pm      |
|     | Security         | 200 hM          | 20012            | 200 M               | 200 AM            | 200 12                                | 20012    | 200 M       |
| 13. | Will a private s |                 |                  |                     | YES               | □ NO                                  | 114/n cy | istoner     |
|     | a. If yes, pro   | ovide the follo | owing informa    | ation of the contra |                   |                                       | _        | 027605      |
|     | Name:            | PENA.           | 1071 5º          | COR.TY Ci           | ty Business Lice  | nse No.:                              | 1194     | <u></u>     |
|     | Address:         | 11158<br>Lynu   | 8 DUNC<br>100D 9 | 10762 TE            | elephone No.:     |                                       | (310) 63 | 314870      |
|     |                  | <u>ADN</u>      | IISSION and      | I/or MEMBERSH       | IIP FEES CHAR     | GED <sub>/</sub>                      |          |             |
| 14. | Will minors be   | allowed on the  | he premises?     | ?                   | YES               | NO                                    |          |             |
| 15. | Will the premis  | es be open t    | to the genera    | l public?           | YES               | NO                                    |          |             |
| 16. | Will an admiss   |                 |                  |                     | YES               | Пио                                   |          |             |
|     | a. If yes, fee   | e schedule:     | \$ 500           | PER PE              | uson 1            | Prido                                 | y - SAT  | - 50040     |
|     |                  |                 | : <b>(</b> .     |                     |                   |                                       |          |             |
| 17. | Is there a priva | ate area for e  | xclusive use     | of members and      | their guests only | y?                                    | s 🗹 NO   |             |
|     | a. If yes, typ   | oes of membe    | ership fees:     |                     |                   |                                       |          |             |
|     |                  |                 |                  |                     |                   |                                       |          |             |
| 18. | Will guests of   | members pa      | y an admissio    | on fee or other ch  | narges?           | YE                                    | s 🗹 no   |             |
|     | a. If yes, de    | scribe the fe   | e schedule a     | nd other charges    | );<br>            |                                       |          | <del></del> |
|     |                  |                 |                  |                     |                   |                                       |          |             |

# **GENERAL OPERATING CONDITIONS (continued)**

Complete Each Question

#### **HOURS OF OPERATION**

Wednesday Thursday

Establishment hours of operation by day (fill out completely):

Day

| -           | Open  | 2                    | 200 PM        | 2.00/2                    | 200        | pu        | Zoc     | , pu        | The ye        | KZOVIN             | 2.00 PM                                       |
|-------------|-------|----------------------|---------------|---------------------------|------------|-----------|---------|-------------|---------------|--------------------|-----------------------------------------------|
|             | Close |                      | Z.00 AM       | 500 YM                    | 200        | ۸۸        | 200     | AM          | 20020         | 2.00 AM            | 200 AM                                        |
|             |       |                      |               | PROXIMITY                 |            |           |         |             |               |                    |                                               |
| 19.         | Are t | here surr            | ounding bus   | sinesses?                 |            |           |         | <u>d</u> ,  | YES [         | NO                 |                                               |
|             | a.    | What<br>type?        |               | Lustnia                   | <u> </u>   |           |         |             |               |                    |                                               |
| <b>2</b> 0. | Are t | nere surr            | ounding res   | idences?                  |            |           |         |             | YES [         | NO                 | - 1 dy                                        |
|             | a.    | Approx<br>close?     | imately hov   | ·<br>•                    |            |           |         |             |               |                    |                                               |
|             |       |                      |               | PARKING I                 | FACILITIE  | ES AND    | ARRA    | NGEM        | ENTS          |                    |                                               |
| 21.         | ls pa | rking ava            | ilable?       |                           |            |           |         | <u>P</u>    | YES [         | ] ио               |                                               |
|             | a.    | If no, whe facility? | nat is the st | reet address              | of the off | f-premis  | es parl | king<br>–   |               |                    |                                               |
|             |       |                      |               |                           |            | -         |         |             |               |                    |                                               |
|             | b.    |                      | attach a      | ss arrangeme<br>copy of p |            |           |         |             | ng facility i | f not part of busi | ness premises.                                |
|             |       |                      |               |                           |            |           |         | <del></del> |               |                    |                                               |
|             |       |                      |               |                           |            |           |         | -           |               |                    | - MANY 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
|             | C.    | Days an              | d hours pa    | rking facility            | will be a  | ıvailable | e:      |             |               |                    |                                               |
| _           |       | Monda                | ay Tue:       | sday We                   | dnesday    | Th        | ursday  | <u>'</u>    | Friday        | Saturday           | Sunday                                        |
|             | om    | 7001                 | M 200         | 1N 50                     | MARO       | 20        | 0/1     | 1           | 205           | 200/100            | 1200/M                                        |
| 7           | Го    | 200                  | 7AM 200       | 20 20                     | 10 km      | 200       | ) N     | 1/2         | 00 IM         | 200 AM             | 200/M                                         |
|             | d.    |                      |               | ual parking s             |            |           |         |             |               |                    |                                               |

END OF GENERAL OPERATING CONDITIONS SECTION - PLEASE CONTINUE TO NEXT SECTION

## **ENTERTAINMENT FACILITY AND ACTIVITY**

| Entertainment - Restaurant Entertainment - Tavern (bar) Entertainment - Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does the Proposed Activity have:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                        |
| Outdoor Entertainment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | U Y N                                                    |
| Dancing by patrons, guests, customers, participants, attendees?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ø y□ N                                                   |
| Dancing by performers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V Y N                                                    |
| Live music by more than two (2) performers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ZY N                                                     |
| Amplified music (live)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y N                                                      |
| Amplified music (recorded)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ø,Y□N                                                    |
| Disc Jockey?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DY N                                                     |
| Karaoke?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ Y ☑ N                                                  |
| Adult Entertainment as defined by LBMC Section 21.15.110?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | □ Y □ N                                                  |
| Adult Entertainment as defined by LBMC Section 5.72.115 (B)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YVN'                                                     |
| Will the establishment serve as a family pool/billiard hall as provided in Section 5.69.090 of the LBMC?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ Y ☑ N                                                  |
| Any other type of entertainment not listed above? 12/11/10 author content of the | □ Y ▼ N                                                  |
| If yes, briefly describe the entertainment activity. Singing, initations, Dance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 102) 1 ×10 3                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3713 , ( ×/0 ) ,                                         |
| Describe entertainment by performers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3125, ( ×/0 5/11                                         |
| Describe entertainment by performers:  Dance Floor? Y N Stage? Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |
| Dance Floor? Y N Stage? Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                        |
| Dance Floor? Y N Stage? Y N  If yes, provide dimensions and type of material of dance floor.  L X W D =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N<br>sq ft.                                              |
| Dance Floor? Y N Stage? Y N  If yes, provide dimensions and type of material of dance floor.  L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N<br>sq ft.                                              |
| Dance Floor? Y N Stage? Y N  If yes, provide dimensions and type of material of dance floor.  L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N II 7 sq ft. H  ded the same days                       |
| Dance Floor? V N Stage? Y N  If yes, provide dimensions and type of material of dance floor.  If yes, provide dimensions and type of material of stage.  Describe floor material and surface type: Till S  Schedule of entertainment. Please provide days of the week and time of day. If entertainment is not provide and times every week, please provide a detailed schedule of specific dates and times of entertainment. A sheet if necessary: (Fill Out Completely)  Day Monday Tuesday Wednesday Thursday Friday Saturday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N  I 7 sq ft.  H  ded the same days Attach an additional |
| Dance Floor? VY N Stage? Y N  If yes, provide dimensions and type of material of dance floor.  If yes, provide dimensions and type of material of stage.  Describe floor material and surface type: Till S  Schedule of entertainment. Please provide days of the week and time of day. If entertainment is not provide and times every week, please provide a detailed schedule of specific dates and times of entertainment. A sheet if necessary: (Fill Out Completely)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N  I 7 sq ft.  H  ded the same days Attach an additional |

Start Time

End Time



| USE ONLY       | 4            |            |                                                                                                                 | /      |
|----------------|--------------|------------|-----------------------------------------------------------------------------------------------------------------|--------|
| Accepted By:   | , ' <b>\</b> | - المنابعة | راد کا تاریخ | PUNT : |
|                |              |            |                                                                                                                 |        |
| Zoning Approvi | al-By:       |            | PDate:                                                                                                          |        |

# APPLICATION FOR ENTERTAINMENT PERMIT (Please Print All Information – Incomplete Applications Will Not Be Accepted)

| Applicant's Name (Legal Ownership Structure): Wilter do Antonio Rames                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name (DBA): LA HACIENCIA XIGNICIOS Business Phone: () 562983 1148                                                                                                                                                                                                                                                                                                                                                                                                             |
| Business Site Address: 1551 SANTA FE AU L. B COI 90813                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Date Business Proposes To Open: 1/1/0 7                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Days & Time Premises Are Open For Inspection:  Frid-Sat-Sust- & Proposed Use(s):  Proposed Use(s):  Proposed Use(s):                                                                                                                                                                                                                                                                                                                                                                   |
| Proposed Use(s):  ANY TIME - ANY DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Entertainment/Restaurant With Dancing Without Dancing                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Entertainment/Tavern With Dancing Without Dancing                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Social Club Pool or Billiard Hall Other (explain)                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Explain briefly the proposed use of the rooms within the building:                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contac Person(s) Name (authorized agent, manager, etc.): Wijenedo Antonio Rames                                                                                                                                                                                                                                                                                                                                                                                                        |
| Contact Person(s) Phone Number: (213) 216 92 33                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Type of Organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Corporation Partnership Individual Unincorporated Association or Club                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Trust LLC Other, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| OFFICE USE ONLY  Building Fire Health (Check Inspecting Department) Date Received:                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Building Fire Health (Check Inspecting Department) Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.                                                                                                                                                                                                                                                                                                                                               |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.                                                                                                                                                                                                                                                                                                                                               |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.                                                                                                                                                                                                                                                                                                                                               |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:                                                                                                                                                                                                                                    |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  Building/Location does not meet Department requirements for the proposed use.                                                                                                                                                     |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  Building/Location does not meet Department requirements for the proposed use.  Inspection Completed On (date):  By:                                                                                                               |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  Building/Location does not meet Department requirements for the proposed use.  Inspection Completed On (date):  By:  POLICE DEPARTMENT                                                                                            |
| Building Fire Health (Check Inspecting Department) Date Received:  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  Building/Location does not meet Department requirements for the proposed use.  Inspection Completed On (date):  By:  POLICE DEPARTMENT  Police Department finds no for basis for denial  Police Department finds basis for denial |
| Building   Fire   Health (Check Inspecting Department) Date Received:   Building/Location meets Department Requirements for the proposed use.   Building/Location meets Department Requirements for the proposed use subject to the following conditions:   Building/Location does not meet Department requirements for the proposed use.   Inspection Completed On (date):   By:                                                                                                      |



Date:

January 24, 2008

To:

Pamela Wilson-Horgan, Manager, Commercial Services Bureau

From:

Anthony W. Batts, Chief of Police

Subject:

APPLICATION FOR ENTERTAINMENT WITH DANCING AT LA HACIENDA CLUB – 1551 SANTA FE AVENUE

In response to your request for a recommendation regarding the above named permit application for Entertainment <u>With</u> Dancing, the Police Department recommends **approval** of a **One-Year Short-Term** permit, subject to the following eighteen (18) conditions of operation:

La Hacienda Club is a bar located on the west side of Santa Fe Avenue, south of 16<sup>th</sup> Street. The business is owned and operated by Wilfredo Ramos and has a capacity of approximately 180 people and available parking for approximately 12 vehicles. The business is open during the evening hours and offers live entertainment to its patrons. Because of strong concerns from the Patrol Commander and the past history of alcohol related incidents, the Police Department is recommending approval of a One-Year Short-Term permit.

### **CONDITIONS OF OPERATION**

- The operation of this establishment shall be limited to those activities and elements expressly indicated on the permit application and approved by the City Council. Any change in the operation, which exceeds the conditions of the approved permit, will require that a new permit application be submitted to the City Council for their review and approval.
- 2) Unless separately applied for, reviewed, and approved, no adult entertainment, as defined by section 5.72.115(B) LBMC shall be conducted on the permitted premises.
- La Hacienda shall not advertise, procure, nor allow any person, performance, show, wet t-shirt contest, promotion, or any other event or entertainment that exposes or promotes, encourages, or allows the exposure of the male or female genitals, cleft of the buttocks, the areola or any portion of the female breast below the areola, while at or inside the business.
- 4) The permittee shall not allow any person (employee, independent contractor, dancer or customer) to perform or conduct any activity that simulates any of the below listed sexual activities, which are common during a "lap dance."
  - A) Actual or simulated, sexual intercourse, anal intercourse, oral or anal copulation.

- B) Direct physical stimulation, fondling or touching of clothed or unclothed human genitals, pubic region, buttocks or female breast.
- No employee shall be permitted to accept any money or anything of value from a customer for the purpose of sitting or otherwise spending time with customers while in the premises, nor shall the permittee provide or permit, or make available either gratuitous or for compensation, male or female persons who act as escorts, or companions for the customers.
- 6) No employee or agent shall solicit or accept any alcoholic or non-alcoholic beverage from any customer while in the premises.
- 7) No owner, operator or manager shall permit any person under the age of twenty-one (21) years within the premises at any time during the hours of operation.
- 8) The permittee shall not allow employees to discard trash or beer bottles into the outside dumpster between the hours of 10 p.m. and 7 a.m.
- 9) Noise emanating from the permittee's premises shall not be audible 50 feet or more from the exterior of the premises. The permittee shall be responsible for determining how to best meet this requirement, either by keeping doors and windows shut, limiting hours of entertainment or by offering non-amplified entertainment.
- During any entertainment activity listed on page #7 of the application, the permittee shall be responsible for maintaining an adequate security staff to supervise patrons inside the establishment, the parking lot, and those waiting to enter. Potential patrons awaiting entry in a defined "queue" shall be counted toward the calculation of required security staffing levels. For crowds up to fifty (50) people, the permittee shall provide a minimum of one (1) licensed uniformed security guard. For crowds over (50) fifty people, the permittee shall provide a minimum of one (1) additional security guard per fifty (50) people. Should the permittee's operations give rise to a substantial increase in complaints/calls for service, or trash left in the parking lot, the permittee shall increase staff as directed by the Chief of Police.
- 11) At the conclusion of each event, the permittee shall take reasonable measures to ensure that exiting patrons walk directly to their vehicles, and not loiter in the parking lot or the immediate area.
- 12) Current occupancy loads shall be posted at all times, and the permittee shall have an effective system to keep count of the number of occupants present at any given time and provide that information to public safety personnel upon request. (LBMC section 18.48.320)

- 13) The permittee agrees to reimburse the City whenever excessive police services, as determined by the Chief of Police, are required as the result of any incident or nuisance arising out of or in connection with the permittee's operations.
- The permittee, its promoters, or agents, shall not distribute any advertising matter such as signs, posters, or promotional cards, in or upon any public property, or in or on any vehicle in any such place in the City. Distribution of any advertising matter upon private property shall adhere to the following guidelines: By placing the same matter in a receptacle, clip, or other device designed or intended to receive advertising matter. The permittee shall keep all promoter contracts, including names, addresses and phone numbers, on file at all times, and must be available for inspection at anytime.
- All independent contractors and promoters must have or obtain a City of Long Beach Business License prior to conducting entertainment activities governed by this permit. The permittee shall be responsible for all entertainment activities at the location, including those conducted by promoters or independent contractors.
- 16) The permittee must provide all promoters, or independent contractors hired to conduct entertainment activities with a copy of the approved permit, which shall include a copy of the approved conditions of operation.
- 17) The permittee shall maintain full compliance with all applicable laws, ABC laws, ordinances and stated requirements/conditions. In the event of a conflict with the requirements of this permit, the more stringent regulation shall apply.
- The permittee, shall, within ninety (90) days of an approved entertainment permit, submit proof of attending the LEAD program offered by the Department of Alcoholic Beverage Control. In the event that the LEAD program class is not offered within this ninety day period, the permittee shall attend the next available class. Proof of completion shall be submitted to the Long Beach Police Department Vice Investigations Section.



| USE ONLY        |     | <u>.                                    </u> | <u> </u>    |       | . /  |             |   |
|-----------------|-----|----------------------------------------------|-------------|-------|------|-------------|---|
| Accepted By: /  | - J | 4 Y                                          | . June      | Dafe: | 126/ | Z           | • |
| Zoning Approval | By: | िन्स १५ क के<br>इ.ज. १५                      |             | Date  |      |             | · |
|                 |     |                                              | <del></del> |       |      | <del></del> |   |

# APPLICATION FOR ENTERTAINMENT PERMIT (Please Print All Information – Incomplete Applications Will Not Be Accepted

| Applicant's Name (Legal Ownership Structure): WILREDO ANTONIO MAMOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Business Name (DBA) LA HACIENCIA X-915-(106 Business Phone ( 562 983 1148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| Business Site Address 1551 SANTA FE AU L. B CO1 90813                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| Date Business Proposes To Open: 11/1/0 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
| Days & Time Premises Are Open For Inspection.  Frid Sat Sour & Proposed Use(s):  Froposed Use(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
| Proposed Use(s): FWY TIME - FMY DBY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |
| Entertainment/Restaurant With Dancing Without Dancing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| Entertainment/Tavern With Dancing Without Dancing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
| Social Club Pool or Billiard Hall Other (explain)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
| Explain briefly the proposed use of the rooms within the building:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| Contact Person(s) Name (authorized agent, manager, etc.): Wireldo Anirokii Pames  Contact Person(s) Phone Number (2/3) 2/6 92 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| Type of Organization:  Corporation Partnership Individual Unincorporated Association or Club  Trust ULC Other, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| CITICE USE ONE!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| Building Fire Health (Check Inspecting Department) Date Received: 12/4/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
| Building Fire Health (Check Inspecting Department) Date Received: 12/1/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| Building Fire Health (Check Inspecting Department) Date Received: 12/13/07  Building/Location meets Department Requirements for the proposed use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |
| Building Fire Health (Check Inspecting Department) Date Received: 12/16/07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16-N. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/1.07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PLOVIDED THE BUSINESS OWNER REMOVES 2 UNPERMITTED DOORS FROM THE                                                                                                                                                                                                                                                                                                                                                                                                   | 16-N. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/107  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PROVIDED THE BUSINESS OWNER REMOVES 2 UNPERMITTED DOORS FROM THE  EXIT, REMOVES HASPS WITH LOCKS FROM THE EXIT DOOR AND RELOCATES THE EXIT SI                                                                                                                                                                                                                                                                                                                       | 16-N. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/107  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PROVIDED THE BUSINESS OWNER REMOVES 2 UNPERMITTED DOORS FROM THE  EXIT, REMOVES HASPS WITH LOCKS FROM THE EXIT DOOR AND RELOCATES THE EXIT SI  Building/Location does not meet Department requirements for the proposed use.                                                                                                                                                                                                                                        | 16-N. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/16/07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PROVIDED THE BUSINESS OWNER REMOVES 2 UNPERMITTED DOORS FROM THE  EXIT, REMOVES HASPS WITH LOCKS FROM THE EXIT DOOR AND RELOCATES THE EXIT SI  Building/Location does not meet Department requirements for the proposed use.  Inspection Completed On (date) 2/12/08 By: WENDY CTOETZ                                                                                                                                                                             | 16-A. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/13/07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PROVIDED THE BUSINESS OWNER REMOVES 2 UNPERMITTED DOORS FROM THE  EXIT, REMOVES HASPS WITH LOCKS FROM THE EXIT DOOR AND RELOCATES THE EXIT SI  Building/Location does not meet Department requirements for the proposed use.  Inspection Completed On (date) 2/12/08 By: WENDY GOETZ  POLICE DEPARTMENT                                                                                                                                                           | 16-N. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/11/07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PROVIDED THE BUSINESS OWNER REMOVES 2. UN PERMITTED DOORS FROM THE  EXIT, REMOVES HASPS WITH LOCKS FROM THE EXIT DOOR AND RELOCATES THE EXIT SI  Building/Location does not meet Department requirements for the proposed use Inspection Completed On (date) 2/12/08 By: WENDY TOFTZ  POLICE DEPARTMENT  Police Department finds no for basis for denial  Police Department finds basis for denial                                                                | 16-N. |
| Building Fire Health (Check Inspecting Department) Date Received: 12/0/07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  PENVIDED THE BUSINESS OWNER REMOVES 2 UNPERMITTED DOORS FROM THE  EXIT, REMOVES HASPS WITH LOCKS FROM THE EXIT DOOR AND RELOCATES THE EXIT SI  Building/Location does not meet Department requirements for the proposed use.  Inspection Completed On (date) 2/12/08 By: WENDY TOETZ  POLICE DEPARTMENT  Police Department finds no for basis for denial Police Department finds basis for denial  Police Department finds no for basis for denial with conditions | 10-N. |



OFFICE USE ONLY Accepted By: Zoning Approval By:

# APPLICATION FOR ENTERTAINMENT PERMIT (Please Print All Information – Incomplete Applications Will Not Be Accepted)

| Applicant's Name (Legal Ownership Structure): Witzerdo Artorio Kames                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name (DBA): LA HACIENCIA XIGHTCIUG Business Phone: () 562983 1148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Business Site Address: 1551 SANTA FE AU L. 8 CON 90813                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date Business Proposes To Open: 1/1/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Days & Time Premises Are Open For Inspection: Frid-Sat-Sour- & Proposed Use(s):  Proposed Use(s):  Proposed Use(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Proposed Use(s):  PNY TIME - ANY DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Entertainment/Restaurant With Dancing Without Dancing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Entertainment/Tavern With Dancing Without Dancing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Social Club Pool or Billiard Hall Other (explain)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Explain briefly the proposed use of the rooms within the building:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Contac Person(s) Name (authorized agent, manager, etc.): Wirns do Antoxi. Dames                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contact Person(s) Phone Number: (213) 216 92 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type of Organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Corporation Partnership Individual Unincorporated Association or Club                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Trust LLC Other, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OFFICE USE ONLY  Building Fire Health (Check Inspecting Department) Date Received: 12/3/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Building Fire Health (Check Inspecting Department) Date Received: 12/3/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Building Fire Health (Check Inspecting Department) Date Received: 12/3/07  Building/Location meets Department Requirements for the proposed use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Building Fire Health (Check Inspecting Department) Date Received: 17/3/07  Building/Location meets Department Requirements for the proposed use.  Building/Location meets Department Requirements for the proposed use subject to the following conditions:  THIS ESPACHSHIWAT MUST NEWYON COMMUNICE WITH ALL APPLICABLE SECTIONS OF THE  LONG PHACH COTY NOISE OND WANCE (LBMC 8.80)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| USE ONLY        | 14.    | 1)        | . /      |      |
|-----------------|--------|-----------|----------|------|
| Accepted By.    | , 00 - | y the mil | Date 1/2 | 6/07 |
| Zoning Approval | Rv     |           | Mala     |      |

APPLICATION FOR ENTERTAINMENT PERMIT

(Please Print All Information – Incomplete Applications Will Not Be Accepted) WITERE do ANTONIO MAMOS Applicant's Name (Legal Ownership Structure): LA HACIENCIA XIGHTCIUG Business Phone: () 562983 1148 Business Name (DBA): 1551 SANTA FE DU L. B COI 90813 Business Site Address: Date Business Proposes To Open: 1//// 0 7 FRIS-SAT-SUNT & PM 200AM Days & Time Premises Are Open For Inspection: Proposed Use(s): Entertainment/Restaurant With Dancing Without Dancing Entertainment/Tavern With Dancing Without Dancing Social Club Pool or Billiard Hall Other (explain) Explain briefly the proposed use of the rooms within the building: Contac Person(s) Name (authorized agent, manager, etc.): Wires do Azirozio Rames Contact Person(s) Phone Number: (213) 2169277 Type of Organization: Individual Unincorporated Association or Club Corporation Partnership Trust Other, explain: OFFICE USE ONLY Building Health (Check Inspecting Department) Date Received: 01-24-08 Building/Location meets Department Requirements for the proposed use. Building/Location meets Department Requirements for the proposed use subject to the following conditions: Building/Location does not meet Department requirements for the proposed use Inspection Completed On (date): POLICE DEPARTMENT Police Department finds no for basis for denial Police Department finds basis for denial Police Department finds no for basis for denial with conditions Conditions or Basis for Denial: Title: By:



Date:

December 5, 2007

To:

Richard I. Bartlett, Business Services Officer, Commercial Services Bureau

From:

Carolyne Bihn, Zoning Office

Subject:

REVIEW OF ENTERTAINMENT LICENSE REQUEST

Site Address:

1551 Santa Fe Ave

Long Beach, CA 90813

**Applicant:** 

Wilfredo Antonio Ramos, DBA La Hacienda Club

**Zoning District:** 

IG (General Industrial)

**Proposed Use:** 

**Entertainment with Dancing** 

The Community Design and Development Division of the Department of Planning and Building has the following comments:

A review of the permit history for 1551 Santa Fe Avenue indicates that two Conditional Use Permit Exemptions were approved for alcohol sales, but no CUPs or AUPs were found for the subject property.

The subject property is located within General Industrial District (IG). Within the IG district, bars, nightclubs, cabarets and the like with alcohol are permitted with either a CUP or CUP Exemption. Dancing by patrons is permitted as an accessory use for a bar/tayern.

La Hacienda Club previously applied for an entertainment license with dancing in August 2004. At that time no additional parking was required as the site is legal nonconforming relative to parking and the parking requirements for dancing is less than is required for a tavern. It appears that the present request for a review of an entertainment license application is a result of a recent change of ownership. No other changes to the current license have been requested.

Planning Bureau recommends that the entertainment permit with dancing for "La Hacienda Club" be approved.

If you have any questions regarding this response, please call Angie Zetterquist, Planner, at (562) 570-6553.



Date:

**February** 6, 2008

To:

Patrick H. West, City Manager

From:

Richard I. Bartlett. Business Services Officer

/s/

Subject:

Proposed Hearing Date for Wilfredo Antonio Ramos, DBA La Hacienda Club, for a permit for entertainment with dancing by patrons. (District 1)

### **DISCUSSION**

The Municipal Code requires an application be filed and a hearing be held before the City Council whenever this type of activity is requested and before a license or permit is granted or denied. The hearing is proposed to be on **April 1st, 2008** at 5:00 p.m.

The Municipal Code also requires that the City Council make the determination that the application is complete and truthful and that the applicant, the persons interested in the ownership and operation of the entity, and the officers and trustees of the entity are law-abiding persons who will operate and conduct the business activity in a lawful manner and that the public peace, welfare, and safety will not be impaired. If this is so, the application shall be approved; if not, it shall be denied. The Commercial Services Bureau Manager will notify the applicant of the time and place of the hearing and post the premises in accordance with the Municipal Code.

#### TIMING CONSIDERATIONS

The business known as La Hacienda Club, has been providing entertainment with dancing by patrons on a temporary entertainment permit that will expire on April 8, 2008. The hearing date must be set at least two weeks prior to hearing for proper applicant and public notification.

#### **ISSUES/CONCERNS**

No issues/concerns at this time.

APPROVED:

RIB:JEM
Proposed Hearing Date