

**PLANNING DEPARTMENT**

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68-700 Avenida Lalo Guerrero - Cathedral City, CA 92234

(Staff Use Only)  
Case No.:

Related Case(s):

**SEXUALLY ORIENTED BUSINESS PERMIT FORM**

The completeness of this application, which includes accompanying plans, shall be subject to the review of the Planning Department and other City departments. If you feel a requirement is not applicable to your project, write "N/A." If you have any questions while completing this application please ask a member of the Planning Department for assistance. Incomplete applications will not be accepted (or the process may be delayed). **(PLEASE PRINT OR TYPE)**

**BUSINESS INFORMATION:**☐ **New Permit (\$2,679)**☐ **Renewal (\$1,339)**

Check Classification(s) of Sexually Oriented Business:

☐ **Adult Arcade**☐**Adult Bookstore**☐**Adult Cabaret**☐ **Adult Motel**☐**Adult Motion  
Picture Theater**☐**Adult Novelty Store**☐ **Adult Video Store**☐**Nude Model  
Studio**☐**Other:****PROJECT SUMMARY:**

Project/Business Name (or proposed fictitious business name):

Property Address of Proposed Business:

Assessor's Parcel Number(s):

Tax Identification Number:

Business Telephone Number (If available):

General Plan Designation:

Zoning Designation:

Legal Description of Property:

Name of Manager on Premises:

If no Manager selected, submit Statement that the manager has not been selected.

**CHECK TYPE OF OWNERSHIP:**☐ **Sole Proprietorship**☐ **General Partnership**☐ **Other:**☐ **Limited Partnership**☐ **Corporation****PROJECT REPRESENTATIVE(S):****APPLICANT/****REPRESENTATIVE** Name:

Telephone No.:

Address:

Fax No.:

City:

State:

Zip Code:

Contact Person:

E-mail Address:

I certify under penalty of perjury that all the application information is true and correct:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PROPERTY OWNER/****AGENT** Name:

Telephone No.:

Address:

Fax No.:

City:

State:

Zip Code:

Contact Person:

E-mail Address:

The City will provide the applicant with hearing notices and staff reports unless another party is identified.

**Date/Time Received:****Received By:****Amount Received:****Receipt No(s):**

I, \_\_\_\_\_ am the owner of the property described in this application and hereby authorize  
Print Name  
\_\_\_\_\_ to act on my behalf on matters pertaining to this application.  
Applicant/Representative Name

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If more than one owner, a separate page must be attached listing the names and addresses of all persons (if a corporation, list officers, and principals) having interest in the property ownership.

**Complete the section below that is applicable to the form of ownership**

**SOLE PROPRIETORSHIP:**

Legal Name:	Alias, if any:	Telephone No.:
Address:	Fax No.:	Date of Birth:
City:	State:	Zip Code:
		Social Security Number:
Driver's License Number:	E-mail Address:	

**PARTNERSHIP:**

Name of Partnership:

List each General Partner:

Legal Name:	Alias, if any:	Date of Birth:
Legal Name:	Alias, if any:	Date of Birth:
Legal Name:	Alias, if any:	Date of Birth:
Legal Name:	Alias, if any:	Date of Birth:

**CORPORATION:**

Name of Corporation:

List each Corporate Officer and/or Director:

Name and Title:

Name and Title:

Name and Title:

Name of Corporate Agent for Services of Process:

Has the applicant or any other individuals identified in the application, excluding any agent for service of process who is not also listed as a director or officer, ever had a Cathedral City Sexually Oriented Business permit denied, suspended or revoked? (If yes, list the name and location of the subject sexually oriented business and the date of denial, suspension or revocation) YES ☐ NO ☐

Business Name/Location

Date

Has the applicant or any other individuals identified in the application had an interest (as director, officer, sole proprietor, or general partner) in a sexually oriented business for which a Cathedral City Sexually Oriented Business permit was denied, suspended or revoked? (If yes, list the name and location of the subject sexually oriented business and the date of denial, suspension or revocation) YES ☐ NO ☐

Business Name/Location

Date

## DECLARATION OF APPLICANT

**SOLE PROPRIETOR:** The undersigned declares under penalty of perjury, under the law of the State of California, that the foregoing information set forth in this application and in its attachments is true and correct.

Signature of Sole Proprietor:

Date:

**MULTIPLE OWNERS, PARTNERSHIP, CORPORATION:** The undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury under the laws of the State of California that the foregoing information set forth in this application and in its attachments is true and correct.

Signature:

Date:

Signature:

Date:

Signature:

Date:

## SUBMITTAL REQUIREMENTS:

- ☐ Application processing fee (**New Permit- \$2,569, Renewal- \$1,285**).
- ☐ Completed permit application form.
- ☐ A recent photograph of the applicant.
- ☐ A sketch or diagram showing the configuration of the premises including total floor space. Must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches. Must also demonstrate compliance with the exterior security requirements of lighting and recorded surveillance.
- ☐ Proof that applicant is over 18 years of age.
- ☐ Copy of state/federal permit showing tax identification number (if applicable).
- ☐ Current certificate and straight line drawing as required by Ordinance No. 347 demonstrating proposed business is at least 1000 feet from any other sexually oriented business and at least 750 feet from any sensitive use as defined by local Zoning Ordinance.
- ☐ Statement that the manager has not been selected (if applicable).

## DETERMINATION OF APPLICATION

Action Taken: ☐ APPROVED ☐ DENIED

Conditions of Approval:

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Grounds for Denial:

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Approved by

Date