



CITY OF OAKLAND
 OFFICE OF THE CITY ADMINISTRATOR
 1 FRANK H. OGAWA PLAZA - 11TH FLOOR
 OAKLAND, CA 94612
 PHONE: 510-238-3294

Annual Cabaret Fees:
 Occupancy: Under 49 - \$275
 Occupancy: Over 50 - \$830

CABARET PERMIT APPLICATION

Please print clearly all information

Application is made by: 1176 Bars LLC
 Individual Partnership Corporation

NAME OF BUSINESS: Rockridge Improvement Club

ADDRESS: 5515 College Avenue ZIP: 94618

BUSINESS PHONE: (510) 220-6529 BUSINESS FAX: _____

EMAIL CONTACT ADDRESS: _____

CONTACT NAME: Jeff Saltzman PHONE: _____

Days and Hours of Proposed Operation: Tues - Sunday 4pm - 2am

Occupancy: 49 (as stated by the Oakland Fire Department)

Please list all Partners, Officers and members of the Corporation:

NAME: Jeff Saltzman DATE OF BIRTH: _____
 TITLE: Officer CA DRIVER'S LICENSE N: _____
 Residence: _____
 Address City Zip
 Business: 5515 College Avenue Oakland 94618
 Address City Zip

NAME: _____ DATE OF BIRTH: _____
 TITLE: _____ CA DRIVER'S LICENSE No. _____
 Residence: _____
 Address City Zip
 Business: _____
 Address City Zip

NAME: _____ DATE OF BIRTH: _____

TITLE: _____ CA DRIVER'S LICENSE No. _____

Residence: _____
 Address _____ City _____ Zip _____

Business: _____
 Address _____ City _____ Zip _____

NAME: _____ DATE OF BIRTH: _____

TITLE: _____ CA DRIVER'S LICENSE No. _____

Residence: _____
 Address _____ City _____ Zip _____

Business: _____
 Address _____ City _____ Zip _____

(Please use additional sheet if necessary)

MANAGER INFORMATION:

NAME	WORK SCHEDULE
Scott Dyers	Tues-Sun 4AM-2am

- All new partners and any new managers who are not listed on your original application are also subject to Live Scan (fingerprint process through the OPD)
- If you are in need of Live Scan Forms, please contact Nancy Marcus at 238-3294 and she will get you the necessary copies

SECURITY:

Please list Security Company information:

Name: _____

Address/City/Zip: _____

State License: _____

Oakland Business Tax Certificate #: _____

If individuals are used are they: (please check) Employees Independent Contractors

Name: _____

Guard Card Number: _____

Address/City/Zip: _____

Oakland Business Tax Certificate # (Independent Contractors only) _____

PROMOTERS:

Promoter Company: _____

In House Promoter 3rd Party Promoter

Address: _____

City/Zip: _____ Phone: _____

Oakland Business Tax Certificate # _____

Point Person: _____

Promoter Company: _____

In House Promoter 3rd Party Promoter

Address: _____

City/Zip: _____ Phone: _____

Oakland Business Tax Certificate # _____

Point Person: _____

Use additional paper if necessary.

I declare under the penalty of perjury that the foregoing is true and correct.

Dated at Oakland, California, this 20th day of October, 2016
(date) (month) (year)

Signed: [Signature] Name (in Print) Jeff Saltzman
(Applicant) 1176 Bars LLC

Mailing address: 5515 College Avenue, Oakland, 94618
(Please write complete address, including zip code)

Please enclose valid copies of: Business Tax Certificate Health Certificate Fire Inspection & Public Assembly Permit (for occupancy over 49) Deemed Approved Certificate for Alcohol License #20, 21, 40, 42 & 48

Council District #1
OPD Area 2
12y - Hutzol³
P. Rose