



# TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530) 872-877-5059

## INSTRUCTIONS TO APPLICANT

### **Card Rooms – Owner – Initial (Annually)**

In order to obtain your local regulatory permit for Card Rooms in the Town of Paradise, please complete the following items and return them to Paradise Police Department. By applying for a Card Room Permit, you are also registering for the Town's Business License. (Business License Fee Waived)

- Completed and Signed Business License Application
- Completed and signed Card Room Supplemental Information Sheet
- Card Room License fee
  - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Completed Live Scan fingerprint application
- Payment of Live Scan fees

A Live Scan fingerprint appointment will be made at the time the completed application is submitted and approved by the Planning Director. Payment for Live Scan services is payable at the time of the Live Scan appointment. Live Scan fees are non-refundable. No applications will be approved until the fingerprint results are returned by the Department of Justice. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints.

You will be notified when your application(s) has been approved. At that time an appointment will be scheduled to receive your Card Room license.

- Approval by Police Department
- Approval by Fire Department
- Approval by Planning Director

Card Room licenses and Card Room Employee Work Permits are valid for twelve months (12) from the date of issue. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other State or Federal codes which may apply.

**The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at [www.townofparadise.com](http://www.townofparadise.com).**

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.16 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a fee may be collected in addition to any other fees for compliance with disability access laws.



# Town of Paradise

## Business License Application

5555 Skyway  
Paradise, CA 95969  
Tel: 530-872-6291  
[www.townofparadise.com](http://www.townofparadise.com)

New Business (\$40)    Renewal (\$25)    Commercial    Home Based Business    Bank    Located outside Paradise

### BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name:		
Business Phone:	Business Website:	
Business Address:	Would you like your Business Name and Website included in an online directory? <input type="radio"/> Yes <input type="radio"/> No	
City:	State:	ZIP Code:
Business Mailing Address (if different) (Address, City, State and ZIP):		
NAICS Code: _____ If you do not know your NAICS code, visit <a href="https://www.census.gov/eos/www/naics/">https://www.census.gov/eos/www/naics/</a>	Business Category (circle one): Retail / Construction & Development / Technology & Communication / Food Services & Ag Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities / Real Estate / Other	
Number of Employees:	State of California Seller's Permit Number:	
Hours/Days of Operation:	Tax Exempt <input type="radio"/> Yes <input type="radio"/> No	Religious Organization <input type="radio"/> Yes <input type="radio"/> No

Please describe in detail your business activity to be conducted within the Town of Paradise:

### EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name:	Phone 1:	Phone 2:
	Email:	
Contact 2 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Contact 3 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Property Owner Name (if different from business owner)	Phone 1:	Phone 2:
	Email:	
Alarm Permit Number: _____	Alarm Type (circle all that apply):	
Alarm Company: _____	Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder / Other _____	
Responsible Contact:		
Janitorial Service:	Phone:	
	Hours at Location:	

### BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly / Manufacturing / Other _____	<b>Floor plan diagram (Optional FD Use)</b>	
Animals Located on Business Premise? <input type="radio"/> Yes <input type="radio"/> No	Fire Suppression System (Sprinklers)? <input type="radio"/> Yes <input type="radio"/> No	Knox Box? <input type="radio"/> Yes <input type="radio"/> No
Utility Shutoff Locations : Gas:	Hazardous Materials on site? <input type="radio"/> Yes <input type="radio"/> No	
Electric:	Hazardous Materials Location: _____ For information on reporting requirements, visit <a href="http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx">http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx</a>	

# TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291  
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

## Specialty Permit Information

 Initial Renewal

### TO BE COMPLETED BY APPLICANT

Applicant Name: _____	Event Location: _____
Home Address: _____	Event Dates: _____ to _____
City: _____ State _____ ZIP: _____	Event Times: _____ to _____
Home Phone: _____	Event Dates: _____ to _____
DOB: _____ SSN: _____	Event Times: _____ to _____
CDL: _____ State _____ Expires: _____	<input type="checkbox"/> Event Located in Downtown Paradise Area
Mobile _____ E-Mail _____	Type of Merchandise being sold? _____
Additional Information: _____	

Address: _____	From _____	To _____
Address: _____	From _____	To _____
Address: _____	From _____	To _____

Have you ever been convicted of a felony, as defined by California law?  YES  NO

If YES, Date of conviction: \_\_\_\_\_ Offense \_\_\_\_\_

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?  
 YES  NO If YES, Date \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

*I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.*

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

**SUPPLEMENTAL INFORMATION SHEET  
CARDROOM**

**\*\*\* Please Type or Print Legibly. Use Back Page for Additional Information \*\*\***

**Description of building and/or structure or portion thereof in which the cardroom is to be maintained:**

**Business owner(s) name(s) or any person who has a financial interest in the cardroom:**

**Have you ever been convicted of any crime? (Exclude minor traffic offenses)**

**Yes [ ]      No [ ]      Date: \_\_\_\_\_ Offense: \_\_\_\_\_**

**Jurisdiction location: \_\_\_\_\_**

**Have you ever owned or had financial interest in any other cardroom in any other city, county or state? Yes [ ]      No [ ]      If yes, see below:**

**Date: \_\_\_\_\_ Name of Card Club: \_\_\_\_\_ City/State \_\_\_\_\_**

**Date: \_\_\_\_\_ Name of Card Club: \_\_\_\_\_ City/State \_\_\_\_\_**

**Have you ever been employed by a cardroom in any other city, county or state?**

**Yes [ ]      No [ ]      If yes, see below:**

**Date: \_\_\_\_\_ Name of Card Club: \_\_\_\_\_ City/State \_\_\_\_\_**

**Date: \_\_\_\_\_ Name of Card Club: \_\_\_\_\_ City/State \_\_\_\_\_**

**List the complete names and addresses of each person to be employed in the cardroom:**

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

**SUPPLEMENTAL INFORMATION SHEET – CARDROOM  
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Have you ever had a license to establish, operate or maintain a cardroom revoked or denied?

I am aware that this Cardroom license is subject to suspension or revocation by the Chief of Police for violation of any provision of the Cardroom Ordinance. I understand that I am required to wear in plain sight, an identification card, issued by the Police Department., at all times while on the cardroom premises. I acknowledge that I have read and understand the Town Ordinances governing and regulating cardrooms.

I solemnly swear that the information/answers that I have completed and made to each and all of the questions contained herein are full and true to the best of my knowledge and belief. I understand that any false statement knowingly made will disqualify me for the cardroom license herein applied for, pursuant to Chapter 5.16, Sections 5./16.010 et seq.

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