

HOTEL/MOTEL PERMIT TO OPERATE

RENEWAL APPLICANTS MUST SUBMIT THE FOLLOWING ANNUALLY:

1. Permit to Operate (PTO) Application (3 pages)
2. Police Clearance Form (1 page)
3. Bring or attach two (2) passport photos
4. Copy of Business License
5. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
6. Proof of Pest Control clearance for the last 3 consecutive months
7. Fees

PER UNIT INSPECTION FEE

\$ 250.00 Hotel/Motel Permit Investigative Fee
\$ _____ Hotel/Motel per Unit Inspection Fee
\$ _____ TOTAL "RENEWAL" PTO Fees**

# OF UNITS	INSPECT FEE
6-12 units	\$203.00
13-25 units	\$303.00
26-50 units	\$502.00
51-90 units	\$856.00
91 + units	\$1,107.00

NEW APPLICANTS MUST SUBMIT THE FOLLOWING ITEMS:

1. Permit to Operate (PTO) Application (3 pages)
2. Police Clearance Form (1 page)
3. Request for LIVE SCAN – Fingerprint (1 page)
4. Bring two (2) passport photos
5. Copy of current state-issued identification
6. Copy of Management Plan
7. Copy of Business License
8. Proof of Pest Control clearance for the last 3 consecutive months
9. Fees

PER UNIT INSPECTION FEE

\$ 250.00 Hotel/Motel Permit Investigative Fee
\$ 32.00 State Fingerprint Fee
\$ 24.00 City Fingerprint Fee
\$ _____ Hotel/Motel per Unit Inspection Fee
\$ _____ TOTAL "NEW" PTO Fees**

# OF UNITS	INSPECT FEE
6-12 units	\$203.00
13-25 unit	\$303.00
26-50 units	\$502.00
51-90 units	\$856.00
91 + units	\$1,107.00

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

Questions? Contact Flo Medina in Neighborhood Services at (209) 937-7543

Fingerprint Appointment: _____

Bus. Lic# _____

CURRENT YEAR _____

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

Residential Hotel/Motel

Hotel/Motel

New

Renewal

Name of Hotel/Motel: _____

Location Address: _____

Mailing Address: _____

Phone # _____ Fax # _____

Business License Holder: _____ Phone # _____

Mailing Address: _____

Property Owner: _____ Phone # _____

Mailing Address: _____

Lease Holder: _____ Phone# _____

Mailing Address: _____

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

Manager: _____ Phone# _____

Mailing Address: _____

Manager: _____ Phone# _____

Mailing Address: _____

Manager: _____ Phone# _____

Mailing Address: _____

Manager: _____ Phone# _____

Mailing Address: _____

1. Are you currently or have you ever owned/operated, managed or worked at a hotel, motel and/or residential hotel/motel? Yes No

- If so, please provide the following information and answer the following questions separately for each facility (you may attach an additional sheet of paper if necessary):

Name of facility(s): _____

Address of facility(s): _____

- How long did you own/operate or work at the facility(s)? _____
- What was your capacity at the facility(s) (i.e., Manager, desk clerk, etc.,)? _____
- Was the facility(s) you listed above ever cited for health, safety, fire and/or building code violation(s)? Yes No
 - If so, were all corrections and/or repairs of those violations completed and approved within the time required on the citation? Yes No
- During your involvement with the facility(s), has there been repeat citations for health, safety and/or building code violations? Yes No
- In the past five years, has the facility(s) ever been cited for violations, and subsequently vacated due to corrections/repairs not being completed? Yes No

2. How many managers do you employ at your facility? _____

3. In the past three years, have you ever had a Permit to Operate denied, revoked or suspended within the State of California? Yes No

- If so, please provide the reason for denial, revocation and/or suspension and the location that the permit was denied, revoked and/or suspended: _____

4. Have you ever applied for a Permit to Operate using a different name? Yes No

- If so, please provide the other name: _____

5. As the property owner, operator, manager and/or lessee of a hotel/motel, within the last five years, have you terminated your lease, defaulted on your loan, or otherwise discontinued your association with the property while violations, as cited in a Notice of Violation, Notice and Order, Administrative Citation, etc., were still outstanding?

Yes No

- If so, please describe: _____

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

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

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

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

AUTHORIZED SIGNATURE

DATE

P Number: _____

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

Business License Number: _____

Business Control Number: _____

INDIVIDUAL INFORMATION REQUIRED FOR CLEARANCE - APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED

TYPE OF CLEARANCE: (Check One)

TRANSIENT PHOTOGRAPHER
 PRIVATE SECURITY BINGO
 PEDDLER SOLICITOR
 MESSAGE OWNER MESSAGE TECH
 CARD ROOM OWNER CARD ROOM
 TAXI CAB DRIVER DEALER
 OTHER: HOTEL/MOTEL PERMIT TO OPERATE

Appointment Date/Time: _____

APPLICATION: NEW _____ RENEWAL _____

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

NAME: _____ TELEPHONE: (____) _____
LAST FIRST MIDDLE

A.K.A.(S): _____

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

BUSINESS NAME: _____

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

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

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

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

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

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PREVIOUS EMPLOYERS:

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

REFERENCES:

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

RECORD OF ARRESTS (If none, initial here _____)

DATE OF ARREST	LOCATION OF ARREST	CHARGE(S)

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

SIGNATURE OF APPLICANT **DATE SIGNED**

SMC CODE SECTION ISSUED