HOTEL/MOTEL MANAGER PERMIT

RENEWAL MANAGER APPLICANTS Must submit the following items annually:

1. Manager Application (2 pages)
2. Police Clearance Form (1 page)
3. Two (2) passport photos
4. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
5. Submit imprinted check for fees

Note: All Managers are required to attend a Manager’s Training Class scheduled annually in September.

$ 278.00 Hotel/Motel Permit Investigative Fee
$ 278.00 Hotel/Motel Manager Training Fee
$ 278.00 Total Renewal Manager Permit Fees**

NEW MANAGER APPLICANTS Must submit the following items:

1. Manager Application (2 pages)
2. Police Clearance Form (1 page)
3. Request for Live Scan – Fingerprint (1 page)
4. Two (2) passport photos
5. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
6. Submit imprinted check for fees

Note: All Managers are required to attend a Manager’s Training Class scheduled annually in September.

$ 278.00 Hotel/Motel Permit Investigative Fee
$ 278.00 Hotel/Motel Manager Training Fee
$ 32.00 State Fingerprint Fee
$ 25.00 City Fingerprint Fee
$ 335.00 TOTAL New Manager Permit Fees**

The City of Stockton DOES NOT send out invoices for renewing Manager Permits. All required items must be submitted together and prior to expiration to Neighborhood Services.

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

**Fees are effective from 07/01/2023 – 06/30/2024
CITY OF STOCKTON
HOTEL, MOTEL AND/OR RESIDENTIAL HOTEL/MOTEL
MANAGER’S PERMIT APPLICATION

Applicant’s Name: __________________________________________________________

Mailing Address: ____________________________________________________________

Phone #: __________________ Fax #: __________________

Name of Hotel/Motel: _________________________________________________________

Location Address: ____________________________________________________________

Phone #: __________________ Fax #: __________________

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 (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), have 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

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2. In the past three years, have you ever had a Manager’s Permit denied, revoked or suspended within the State of California? □ Yes □ No

➢ If so, please provide the reason for denial, revocation and/or suspension: __________________________

3. Have you ever applied for a hotel, motel and/or residential hotel/motel manager’s permit using a different name? □ Yes □ No

➢ If so, please provide the other name: ______________________

4. 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: __________________________

5. Are you currently on probation or parole? □ Yes □ No

➢ If so, are you required to register each year: □ Yes □ No

6. Each manager and/or other person connected to the management of the business must complete a separate application and attach the following information (SMC §7-111.31)

□ Department of Justice Background Check Application
□ Two passport-size identity prints of the applicant (can be obtained through the Police Department at the time of fingerprinting at an additional cost)
□ Registration for Residence Course of Study
□ Written evidence that the applicant is 18 or older (i.e. copy of legal form of identification showing date of birth)

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

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

TYPE OF CLEARANCE: (Check One)

X TRANSIENT PHOTOGRAPHER

PRIVATE SECURITY

PEDDLER

MASSAGE OWNER

CARD ROOM OWNER

TAXI CAB DRIVER

OTHER: HOTEL/MOTEL MANAGER’S PERMIT

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: (____ )

A.K.A.:( )

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 ____________________________

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