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

$ 278.00 Hotel/Motel Permit Investigative Fee
$________ Hotel/Motel per Unit Inspection Fee
$________ TOTAL “RENEWAL” PTO Fees**

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

<table>
<thead>
<tr>
<th># OF UNITS</th>
<th>INSPECT FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 units</td>
<td>$226.00</td>
</tr>
<tr>
<td>13-25 units</td>
<td>$338.00</td>
</tr>
<tr>
<td>26-50 units</td>
<td>$559.00</td>
</tr>
<tr>
<td>51-90 units</td>
<td>$953.00</td>
</tr>
<tr>
<td>91+ units</td>
<td>$1,232.00</td>
</tr>
</tbody>
</table>

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

**Fees are effective from 07/01/2023 – 06/30/2024
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:_______________________________________________________

Manager:_________________________________Phone#__________________
Mailing Address:_______________________________________________________

**Fees are effective from 07/01/2023 – 06/30/2024**
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: _______________________

**Fees are effective from 07/01/2023 – 06/30/2024**
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

**Fees are effective from 07/01/2023– 06/30/2024**
Business License Number: __________________

Business Control Number: __________________

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

<table>
<thead>
<tr>
<th>TYPE OF CLEARANCE: (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSIENT PHOTOGRAPHER</td>
</tr>
<tr>
<td>PRIVATE SECURITY</td>
</tr>
<tr>
<td>PEDDLER</td>
</tr>
<tr>
<td>MASSAGE OWNER</td>
</tr>
<tr>
<td>MASSAGE TECH</td>
</tr>
<tr>
<td>CARD ROOM OWNER</td>
</tr>
<tr>
<td>CARD ROOM</td>
</tr>
<tr>
<td>TAXI CAB DRIVER</td>
</tr>
<tr>
<td>DEALER</td>
</tr>
<tr>
<td>X OTHER: HOTEL/MOTEL PERMIT TO OPERATE</td>
</tr>
</tbody>
</table>

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.(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:

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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</table>

REFERENCES:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

RECORD OF ARRESTS (If none, initial here _______)

<table>
<thead>
<tr>
<th>DATE OF ARREST</th>
<th>LOCATION OF ARREST</th>
<th>CHARGE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 ____________________________

**Fees are effective from 07/01/2023 – 06/30/2024**