

# 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.

\$ 234.00	Hotel/Motel Permit Investigative Fee
\$ 97.00	Hotel/Motel Manager Training Fee
<b>\$ 331.00</b>	<b>Total Renewal Manager Permit Fees**</b>

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**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.

\$ 234.00	Hotel/Motel Permit Investigative Fee
\$ 97.00	Hotel/Motel Manager Training Fee
\$ 32.00	State Fingerprint Fee
\$ 22.50	City Fingerprint Fee
<b>\$ 385.50</b>	<b>TOTAL New Manager Permit Fees**</b>

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

**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

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**

**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)**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> TRANSIENT PHOTOGRAPHER                                | <input type="checkbox"/> BINGO        |
| <input type="checkbox"/> PRIVATE SECURITY                                      | <input type="checkbox"/> SOLICITOR    |
| <input type="checkbox"/> PEDDLER   | <input type="checkbox"/> MESSAGE TECH |
| <input type="checkbox"/> MESSAGE OWNER   | <input type="checkbox"/> CARD ROOM    |
| <input type="checkbox"/> CARD ROOM OWNER                                       | <input type="checkbox"/> DEALER       |
| <input type="checkbox"/> TAXI CAB DRIVER                                       | <input type="checkbox"/> DEALER       |
| <input checked="" type="checkbox"/> OTHER: <u>HOTEL/MOTEL MANAGER'S PERMIT</u> |                                       |

**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**