



ATLANTIC BEACH POLICE DEPARTMENT

"The Dream don't work, if the Team don't work."

TOWN OF ATLANTIC BEACH

Night Club Owner Permit Application

Completed applications may be submitted in person to the Atlantic Beach Police Department at 1010 32nd Ave South, Atlantic Beach, S.C, 29582

If no changes in ownership or management since previous application, you may mail completed application along with a check made out to the Town of Atlantic Beach to:

ABPD – Night Club Owner Permits

PO Box 5285

Atlantic Beach, SC 29597

Date Stamp (Rec'd)

\$100-30+ days before exp

\$150-within 30 days of exp

\$200-31-60 past exp

Paid to Town Hall

CHECKS ONLY

Business Name (dba): _____

Business Address: _____

Primary Contact: _____ Phone: _____ Permit Exp: _____

Required application packet forms:

- ☐ Terms of Application (below) signed
- ☐ Manager-Supervisor Information sheet
- ☐ Owner Information sheet
- ☐ Live Scan Information, if applicable
- ☐ Fire Dept. Premise Inspection – applicant must contact Fire Dept to complete the form prior to submission.

Payment Fee - CHECKS ONLY – No credit cards or cash:

- ☐ \$100 – 30 or more days prior to current permit expiration
- ☐ \$150 – within 30 days before or after current permit expiration
- ☐ \$200 – 31- 60 days past current expiration

TERMS OF APPLICATION – Must be signed by all Owners

All pages within the application packet must be completed fully and truthfully. Applicant's signature on any page indicates, under possible penalty of perjury, that the information listed therein is complete and accurate as of the time the application is submitted to the Police Department. Incomplete application packets will not be accepted. Failure to disclose all requested information may result in permit denied.

The permit application fee is non-refundable. You will not receive a refund of fees even in the event you are denied a permit, you withdraw your application; or you fail to complete the permit process.

Applicant's signature below indicates complete understanding of the above information and terms of application.

Owner signature: _____ Owner Signature: _____

Owner signature: _____ Owner Signature: _____

Owner signature: _____ Owner Signature: _____

OFFICE USE ONLY

Live Scan: __ Name: _____ Date Rcd _____

Live Scan: __ Name: _____ Date Rcd _____

Based on a review of all information provided and gathered during the application process, issuance of this permit shall be:

- ☐ Approved with all conditions as listed on previous permit
- ☐ Approved with a change of conditions (see attached)
- ☐ Denied
- ☐ Referred to the Fire & Police Chief; meeting date: _____

Chief of Police, or designee: _____ Date: _____



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Night Club Owner Permit Application

Name of Business (dba): _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____

Business Type: _____

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Co.

Corporation or LLC Name: _____

Please complete the information below for all persons with any financial interest in the dance establishment,

including all partners, members, or stockholders (use a separate sheet if necessary).
Use additional sheets if

necessary. Failure to list all owners may result in denial of the application.

1. Name & Title, if applicable: _____ Ownership Interest: % _____

Permanent Address: _____

Phone Number(s): _____

2. Name & Title, if applicable: _____ Ownership Interest: % _____

Permanent Address: _____

Phone Number(s): _____

3. Name & Title, if applicable: _____ Ownership Interest: % _____

Permanent Address: _____

Phone Number(s): _____

4. Name & Title, if applicable: _____ Ownership Interest: % _____

Permanent Address: _____

Phone Number(s): _____

5. Name & Title, if applicable: _____ Ownership Interest: % _____

Permanent Address: _____

Phone Number(s): _____

* An application is required for ownership changes of 25% or greater.



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OWNER INFORMATION

MANAGER-SUPERVISOR INFORMATION

Please list the names and contact phone numbers of all persons designated as having day-to-day management and supervision authority over the proposed dance establishment. Applicant is responsible for keeping this information current with the Police Department at all times.

Each manager/supervisor must complete the arrest history information below his/her name and must sign in designated area. Attach an additional page for multiple managers and/or supervisors, if necessary. Applicant may not complete the information and/or sign on behalf of manager(s). Manager and/or Supervisor signature below indicates that arrest history is complete and true. The undersigned further agrees to release any and all information deemed pertinent and necessary to the application process, including information of a confidential and privileged nature, to the Town of Atlantic Beach.

Signature below indicates understanding of an agreement to the following statement of release: **"I hereby release the Town of Atlantic Beach individual employees involved in the application process, the organization, or others, from any liability or damage which may result from furnishing the information requested."**

Security Manager and General Manager are required to be fingerprinted. If a change of personnel has occurred in either position since the previous application, contact the Horry County Sheriff's Office to schedule a Live Scan appointment.

Security Manager:	Name:		Cell:
Date of Birth:	Social Security:	Driver's License:	
Has this person ever been convicted of a misdemeanor or felony?			No Yes – listed below
Offense:	Date:	Disposition:	
Offense:	Date:	Disposition:	
Is this person currently on: Probation? No Yes, thru _____			Parole? No Yes thru _____
Signature:			Date

General Manager:	Name:		Cell:
Date of Birth:	Social Security:	Driver's License:	
Has this person ever been convicted of a misdemeanor or felony?			No Yes – listed below
Offense:	Date:	Disposition:	
Offense:	Date:	Disposition:	
Is this person currently on: Probation? No Yes, thru _____			Parole? No Yes thru _____
Signature:			Date

Manager/ Supervisor:	Name:		Cell:
Date of Birth:	Social Security:	Driver's License:	
Has this person ever been convicted of a misdemeanor or felony?			No Yes – listed below
Offense:	Date:	Disposition:	
Offense:	Date:	Disposition:	
Is this person currently on: Probation? No Yes, thru _____			Parole? No Yes thru _____
Signature:			Date



ATLANTIC BEACH POLICE DEPARTMENT

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Town of Atlantic Beach Code Enforcement

717 30th Ave South

Atlantic Beach S.C 29582

Code Department – Fire Inspection

Code business hours are 9:00 a.m. to 5:00 p.m.

Monday through Friday, except holidays

Phone: 843-240-8096 for appointment-Hours or services may vary

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the Town for a permit to conduct a business that requires Code Enforcement Department approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____

Business _____

Other _____

To be completed by Code Department representative:

PREMISE INSPECTION

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

Signature

Date

APPROVED OCCUPANT LOAD:

COMMENTS:



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Live Scan Information:

Owners, the Security Manager, and the General Manager are all required to undergo Live Scan fingerprinting. Please complete the following information for any/all person(s) in those positions who were not fingerprinted at the time of the previous application. A new permit cannot be issued until this requirement is met.

Name as it appears on Driver's License:			
Alias/AKA:		Place of birth:	
Height:	Weight:	Eye color:	Hair color:
Date of Birth	Driver's License:		Social Security:
Address: Phone:			

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Alias/AKA:		Place of birth:	
Height:	Weight:	Eye color:	Hair color:
Date of Birth	Driver's License:		Social Security:
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Alias/AKA:		Place of birth:	
Height:	Weight:	Eye color:	Hair color:
Date of Birth	Driver's License:		Social Security:
Address: Phone:			