

Application Instructions Nightclub License Per Ordinance 2013-230

To operate a Nightclub a person must obtain a license from the City of Waco. To obtain this license, the person must file a completed application form together with the other information specified in these instructions and pay any application fees with the Licensing Officer for the City. The Licensing officer may be reached in person at the Mae Jackson Development Center, Inspection Services Department located at 401 Franklin Avenue, by mail at PO Box 2570, Waco, Texas 76702, by phone at 254-750-5647 or by email at Licensing@wacotx.gov. Upon receipt of a new application, the City has 30 days to complete its initial inspection.

1. An applicant for a nightclub license must file a completed **application form** with the Inspection Services Department (address shown above).

Fees:

\$75.00 - inspection of the building

\$100.00 - non-refundable application fee (due when the application is submitted)

\$900.00 - license fee (good for five years from date of issuance)

- 2. If you are remodeling or planning to remodel, inspections will not be needed and the\$75.00 inspection fee will be waived, but plans will need to be submitted before the licensing process can continue.
 - a. The applicant must attach to the Application Form a sketch or diagram showing the configuration of the premises, or the application will not be considered complete.

 The sketch need not be professionally prepared, but it must show the interior dimensions of the business to an accuracy of plus or minus six inches. The diagram must show the floor plan for the establishment. Specific items that must be included on the diagram are: exit locations and exit sizes; layout of bar and seating around bar, including number to be seated at bar; layout of tables and seating around tables, including number to be seated at tables; layout of all rooms, including storage rooms, kitchen, and restroom facilities, and showing dimensions of these areas; and location and dimensions of dance floor. All of this information is necessary in order to determine the occupancy load of the establishment and off-street parking requirements.
 - b. If there will be alcoholic beverages sold on the premises, the applicant should obtain the application from the Texas Alcoholic Beverage Commission (TABC), 900 Washington Avenue, Suite 600, along with the City of Waco Inspections Dept.
- 3. The Applicant will be given a specific time period on a specified day during which the applicant or someone representing the applicant **must be present** on the premises for which a license is sought so that inspections may be made. Inspections are done Monday Friday between 8:30 AM 12:00 PM. Inspections are scheduled at least one week out from the time the application has been submitted to allow for timely scheduling between multiple departments.
- 4. The Licensing Officer will notify all necessary departments of the day and time for the inspection.
 - a. The Planning Services Department and Inspection Services Department will determine if the property is properly zoned and if the property is located too close to a public or private school, daycare center, church, public hospital, or property zoned R-1 or R-2. If the property cannot be used for the purpose for which the Application has been submitted, the applicant will be contacted prior to the inspection of the premises, if possible.

- 3. Any inspector making an inspection of the premises should go during the time scheduled. Upon arrival on the premises, the inspector should identify himself/herself to the Applicant or his representative and then do whatever inspection is needed. Failure by the Applicant to be present, or have some representative present, will delay the review of the application and a fee of \$75 will be charged to the applicant. If inspectors are unable to make the needed inspections, the application may be denied.
- 4. Upon completing all necessary review, each reviewing department must contact the licensing officer indicating whether the license is approved or disapproved. If the license is disapproved, the reviewer should state the reason for disapproval.
- 5. If all departments approve, the license will be issued.
- 6. If approved, the Licensing Officer will mail the applicant their license. If the license application is denied, the applicant will be informed of that fact and the reasons for the denial.
- If a license is denied, applicant can appeal that denial to the Waco City Council by filing a written appeal with the City Secretary's Office (on 1st floor in Waco City Hall or P.O. Box 2570, Waco, Texas 76702-2570) within ten (10) days of receiving notice of the denial. In that appeal, the applicant must clearly set out his reasons for believing that the denial was in error.



AS EACH CITY DEPARTMENT REVIEWS THE APPLICATION, THESE ARE SOME

OF THE MATTERS THAT WILL BE CONSIDERED:

INSPECTION DEPT.

Determines whether location of operation is (1) properly zoned, (2) within 100 feet of property zoned R-1 or R-2, (3) within 300 feet of church, or (4) within 300 feet of public or private school or daycare center. Also determines if the proper number of parking spaces are available and that the following codes are being complied with: building, plumbing, electrical, mechanical, gas, and zoning codes. Inspection should determine the occupancy load of the establishment and gives to the Applicant a notice of the limit, which must be posted on the premises. The inspector will check coin operated machines for current tax stamps. A criminal history check will be made on the Applicant and anyone else with an ownership interest in the establishment.

Department contact: Judy Quaas (254-750-5647)

Kristan Mullins (254-750-5649)

TRAFFIC DEPT.

Checks site for parking, ingress and egress problems. In particular, checks to see if traffic to and from bar will create problems in area, if any regulatory parking signs are needed, and if any sight obstructions exist or may be created. Also checks the number of parking spaces available both off the street on the property and on the street.

Department contact: Christine Miller (254-750-5969)

POLICE DEPT.

A record check will be made to determine if the area around the location of operation currently generates many calls for police assistance. If any type of license has been issued for the specific location or for the specific applicant in the past, a check will be made for any problems, assistance calls, etc., generated. In some cases, the Police Department may not object to the issuance of the City, but will file a protest against the granting of that license.

Department contact: Commander Jared Wallace, SAFE Unit (254-750-3605)

FIRE DEPT.

Checks for any violation of fire codes and fire hazards.

Department contact: Fire Marshal's Office (254-750-1740).

WATER & TAX OFFICE

Will check to see if there are any delinquent city taxes, water accounts, or outstanding backflow device inspections in the applicant's name or at the location of the proposed operation. If outstanding fees are found, these will need to be paid in full before the license will be approved. If any backflow inspections are needed, the devices must be tested and paperwork sent to the Water Utilities Dept. before the application will be approved.

Department contact: Charlotte Doran (254-299-2456)

HEALTH DEPT.

Checks for any violations of health codes, particularly the Food Handler's Manual. If food is to be served on the premises, a Food Establishment Permit must be obtained.

Persons who will be involved in handling food or beverages in any way must obtain a Food Handler's permit. Obtaining that permit requires completing a course offered through the Public Health District. To sign up for the course, the Environmental Health Unit at the Public Health District should be contacted.

Department contact: Environmental Health Division (254-750-5464)

PLANNING DEPT.

Checks area to assess impact of proposed operation. The land use plan as well as zoning classification, and street classification will be reviewed.

Department contact: Mark Boyd (254-750-5444)

MUNICIPAL COURT

Will check to see if there are any fees owed for citations, open warrants, or owed community service hours in the applicants name. If any are found, they will need to be resolved before the license will be approved.

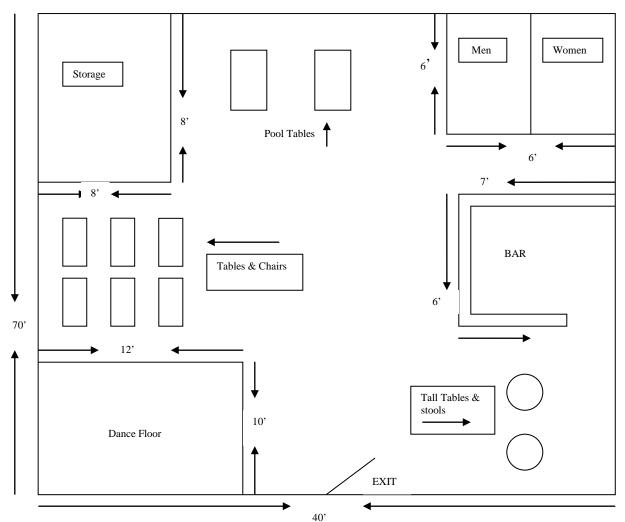
Department Contacts: Brenda Andrews (254-750-7028)

Diana Bumguardner (254-750-7030)

Before an occupancy load can be issued, a seating arrangement must be submitted to the City of Waco Inspection Department for review and approval. The following is a list of items that are necessary before an occupancy load sign is issued:

- 1. Complete existing floor plan drawn to scale
 - a. If remodeling or planning to remodel, plans must be submitted and reviewed prior to obtaining a nightclub license.
- 2. Floor plan must show the following:
 - a. building size and dimensions
 - b. exits and exit size
 - c. layout of bar and seating around bar, including number to be seated around bar.
 - d. layout of tables and seating around table, including number to be seated at table.
 - e. layout of all rooms, including storage, kitchen and toilet facilities, and dimensions.
 - f. layout of dance floor and dimensions.

"EXAMPLE ONLY"





Development Services Mae Jackson Development Center 401 Franklin Ave. Waco, TX 76701 254-750-5612

NIGHT CLUB LICENSE APPLICATION

BUSINESS NAME:BUSINESS ADDRESS:	N	LICENSE TYPE BEING APPLYING FOR: Nightclub Name Class A (ages 14-18 only) Nightclub Name Class B (All others)		
LAST NAME FIRST	NAME MIDDLE INITIAL	DATE OF BIRTH:		
RESIDENCE ADDRESS (including zip):		HOME PHONE NUMBER:		
WORK ADDRESS (including zip):		WORK PHONE NUMBER:		
MAILING ADDRESS (including zip):		CELL PHONE NUMBER:		
DRIVER'S LICENSE #	STATE: EXPIRES:	RELATIONSHIP TO BUSINESS:		
PREVIOUS TYPE OF BUSINESS AT LOCATION	ON:			
OWNER OF BUSINESS:		IS OPERATION A: Individual (Complete Sections A & D)		
EMAIL ADDRESS:		Partnership (Complete Sections B & D) Corporation or LLC (Complete Sections C & D)		
PROPOSED DAYS & HOURS OF OPERATION:				
WILL COIN OPERATED MACHINES BE ON THE PREMISES?	WILL FOOD BE PREPARED ON THE PREMISES?	WILL FOOD OR BEVERAGES BE SOLD ON THE PREMISES?		
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		

HAVE YOU/WILL YOU MAKE ALTERATIONS TO THE BUILDING? Yes No Don't Know	IF ALCOHOLIC BEVERAGES ARE NOT SOLD ON THE PREMISES, WILL PEOPLE BE ALLOWED TO BRING ALCOHOLIC		
IF YES, WHAT TYPE OF WORK DID/WILL BE MADE? (check all that apply)	BEVERAGES ON THE PREMISES TO BE CONSUMED?		
☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Building	Yes No Don't Know		
REQUIRED!! List at least TWO supervisors. (FULL NAME, HOME ADDRESS, DRIVERS *****Each supervisor listed will need to fill out a background waiver/release fo			
 Name: Address: Drivers License: Date of Birth: Phone #: 			
 Name: Address: Drivers License: Date of Birth: Phone #: 			
In signing this application, I hereby swear that the information stated best of my knowledge and belief.	l above is true and correct to the		
I further swear that I will abide by all laws, ordinances, and regulations	s governing the establishment for		
which license(s) has been sought and that the premises of the establishment	shall be open to inspection by the		
City of Waco and/or the McLennan County Public Health District.			
Signature of Applicant:	Date:		
SWORN TO AND SUBSCRIBED BEFORE ME thisday of	, 20		
SEAL			
	NOTARY IN/FOR STATE OF TEXAS		

Sec	tion A	
	(1)	State your full legal name:
	(2)	State any other names/aliases used in the last 5 years:
	(3)	Current business/mailing address:
	(4)	Are you over 18 years of age? Yes No
of birth	n issued	proof of age (current driver's license, OR picture identification document containing your date by a governmental agency, OR a copy of your birth certificate accompanied by a picture document issued by a governmental agency).
Sec	tion E	3
	(1) Sta	te full name of partnership:
	(2) Ide last 5 y	ntify all persons with an influential interest, including all names/aliases used by them in the rears:
	(3) Bus	iness/mailing addresses of persons identified in B.2 above:
identif	ication	on listed in B.2 above, attach written proof of age (current driver's license, OR picture document containing date of birth issued by a governmental agency, OR a copy of birth companied by a picture identification document issued by a governmental agency).
	{If	additional space is needed, check hereand respond further on a separate sheet.}
Sec	tion C	
	(1) Stat	te full name of corporation or LLC:
	(2) Busi	iness address:
	_	

(4) Busines	s/mailing addresses of persons identified in C.3 above:
picture ide	rson identified in C.3 above, attach written proof of age (current driver's license, OR attification document containing date of birth issued by a governmental agency, OR a h certificate accompanied by a picture identification document issued by a tal agency).
- 1	fadditional space is needed, check here and respond further on a separate sheet.}
ction D (1) Stateth	ename of the night club: ename and business address of the statutory agent or other agent authorized to receive service
ction D (1) Stateth	enameofthenightclub:
(1) Stateth (2) Stateth of process: Name: Address:	ename of the night club: ename and business address of the statutory agent or other agent authorized to receive service
(1) Stateth (2) Stateth of process: Name: Address:	ename of the night club: ename and business address of the statutory agent or other agent authorized to receive service

	(a)	The person and the offense:
	(b)	Court in which charged:
	(c)	The date of conviction or plea:
	(d)	The place of conviction orplea:
	(e)	Date of release fromconfinement:
	{If addition	onal space is needed, check here <u>and</u> respond further on a separate sheet.}
		Yes No
If ye:	s, please ¡	Yes No No orovide the following:
If ye:	s, please ¡ (a)	
If ye		provide the following:
If ye	(a)	Personand name of business:
If ye	(a) (b) (c)	Personand name of business: City, County and state where such business is/was located:
If ye:	(a) (b) (c)	Personand name of business: City, County and state where such business is/was located: Court and date of court's order:
	(a) (b) (c) {If addition	Personand name of business: City, County and state where such business is/was located: Court and date of court's order: Conal space is needed, check hereand respond further on a separate sheet.}
	(a) (b) (c) {If addition Location Street addition	Personand name of business: City, County and state where such business is/was located: Court and date of court's order: conal space is needed, check hereand respond further on a separate sheet.} of nightclub: ddress:
	(a) (b) (c) {If additional contents of the con	Personand name of business: City, County and state where such business is/was located: Court and date of court's order: onal space is needed, check hereand respond further on a separate sheet.} of nightclub:

Certification

By signing the following, I/we agree to certify:

- A. To supplement the information contained in this application within ten (10) working days of any change of circumstances that renders the information false or incomplete {in writing, by certified mail, return receipt requested, to the building official}.
- B. That the information contained herein is true, complete, and correct.

This application must be signed by each individual identified in response to sections A, B, and C, and each of those signatures must be notarized. This application must be filed in person by at least one of the individuals identified in section A, B, or Catthe office of the building official.

Signed:	Date: Commission Expires:
Signed:	Date: Commission Expires:
Signed:	Date: Commission Expires:
Signed:	·
Signed:	Date: Commission Expires:

Owner/Partner Information Sheet For Nightclubs

Each individual who owns a 20% or greater interest in the business for which an application for a nightclub license application is filed must complete the following information. If the business is owned by a partnership or corporation, each partner or person who owns a 20% or greater interest in the partnership or corporation must complete the following information.

Last Name		First Name		Middle Intial
Date Of Birth	Sex	Driver's Lice	nse #	State
Home Address				
City	State	Zip	Race	
Cell #			nship To Business	
Have you ever be If yes, list each such conv Owner/Partner	riction below (use addi	ense other than a minor to tional sheet if necessary) and the location where the	stating the nature of the	es No he charge, the year the
Charge:		Year:	Location:	
Charge:		Year:	Location:	
Charge:		Year:	Location:	
	out above is true and co		swear, under penalty o	
Stamp				Signature
	Sworn To And Sub	scribed Before Me this	day of	,20

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Date Of Birth	Sex	Driver's Licer	nse # State	e
Home Address				
City	State	Zip	Race	
Cell #			nship To Business	
·	riction below (use addi	ense other than a minor to tional sheet if necessary) and the location where th	stating the nature of the charge	No e, the year the
Charge:		Year:	Location:	
Charge:		Year:	Location:	
Charge:		Year:	Location:	
	out above is true and co	•	swear, under penalty of perjury	, that the
Stamp	7			Signature
	Sworn To And Subs	scribed Before Me this	day of	, 20

<u>CITY OF WACO</u> NIGHTCLUB RELEASE AND WAIVER

I hereby authorize any authorized representative of the City Of Waco bearing this release or a copy thereof to obtain information contained in any file or other compilation system relating to former employment, education, or criminal history information matters.

This waiver extends to any and all information possessed by local, county, state or federal law enforcement agencies that retain criminal history information. I further request and authorize you to release any and all information related to any investigation of me for disciplinary purposes or alleged acts of misconduct, regardless of investigation results. I further authorize the City of Waco's designated employees to discuss with representatives of the City Of Waco all information and records provided to the City Of Waco. I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City Of Waco.

I understand that this release is good for the term of my nightclub license, and I will be required to execute a release and waiver upon each license renewal.

I hereby release the City Of Waco, its officers, employees, and agents from any and all liability or damage that may result from furnishing the information requested above to the City Of Waco.

Furthermore, I shall hold any and all persons who release the information and records described herein harmless from any liability for any and all release and disclosure to the City Of Waco of the information and records described herein, and any discussion of the information. A photostatic copy of this authorization shall be considered as valid as the original.

Full Legal Name (I	Print):					
Other Names Used	d:					
Current Address:_	(Number)	(Street)	(City)	((State)	(Zip)
Previous Address:	(Number)	(Street)	(City)	((State)	(Zip)
Social Security Nu	mber:		_ Date of Birth:_			
Drivers License:						
	State	Number	Cl	ass	Exp. Date	
Signature:			_ Date:			
Subscribed and sworn	ı to before me, tl	ne undersigned authority, this	day	of	, 20	

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Full Legal Name (I	Print):				
Other Names Used	d:				
Current Address:_	(Number)	(Street)	(City)	(State)	(Zip)
Previous Address:	(Number)	(Street)	(City)	(State)	(Zip)
Social Security Nu	mber:		Date of Birth:		
Drivers License:					
	State	Number	Class	Exp. Da	ate
Signature:			_ Date:		
Subscribed and sworr	ı to before me, tl	ne undersigned authority, this	day of		_,20

Notary Public In And For The State Of Texas