



# 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\*\*

# OF UNITS	INSPECT FEE
6-12 units	\$226.00
13-25 units	\$338.00
26-50 units	\$559.00
51-90 units	\$953.00
91 + units	\$1,232.00

## 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

**\$ 278.00** Hotel/Motel Permit Investigative Fee  
**\$ 32.00** State Fingerprint Fee  
**\$ 25.00** City Fingerprint Fee  
**\$** Hotel/Motel per Unit Inspection Fee  
**\$** TOTAL "NEW" PTO Fees\*\*

# OF UNITS	INSPECT FEE
6-12 units	\$226.00
13-25 units	\$338.00
26-50 units	\$559.00
51-90 units	\$953.00
91 + units	\$1,232.00

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

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: \_\_\_\_\_

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: \_\_\_\_\_

- 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** \_\_\_\_\_

**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)**

TRANSIENT PHOTOGRAPHER  
 PRIVATE SECURITY  BINGO  
 PEDDLER  SOLICITOR  
 MESSAGE OWNER  MESSAGE TECH  
 CARD ROOM OWNER  CARD ROOM  
 TAXI CAB DRIVER  DEALER  
 OTHER: HOTEL/MOTEL PERMIT TO OPERATE

**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**