

CAPITOLA POLICE DEPARTMENT

422 Capitola Avenue, Capitola, CA 95010

Ph. (831) 475-4935

Fax (831) 479-8881

SURF SCHOOL BUSINESS PERMIT APPLICATION CRITERIA

- Completed Surf School Permit Application – Business.
- Proof of current liability insurance as required by 9.30.020 (F), which includes listing the city under the coverage.
- Indemnification/hold harmless agreement protecting the City of Capitola for all claims for death, personal injury or property damage caused or allegedly caused by surf school's operations.
- Proof of worker's compensation insurance.
- Proof of City of Capitola Business License.
- Proof of safety and evacuation plan.
- Completed Surf School Instructors Applications.
- Non refundable permit fee of \$52.00 (Waived for 2014)

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SURF SCHOOL BUSINESS PERMIT APPLICATION

OFFICE USE ONLY						
Date Application Submitted:		Surf School Company:		\$52 Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Lic <input type="checkbox"/> Yes <input type="checkbox"/> No #
Business Name						
Business Address (No., Street, City, State, Zip Code)						
Name of Applicant (Surname):		First Name		Initial(s)		
Home Address (No., Street, City, State, Zip Code)						
Business Phone		Cellular Phone		Email		
Calif. Drivers License No.				Date of Birth		Place of Birth
Sex	Height	Weight	Hair	Eyes		
Surf Instructors employed by your business:						
(Full Name)					(Date of hire)	
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AGREEMENT:

I understand that any misrepresentation or deliberate omission in my application may be justification for refusal or revocation of my Surf School Business Permit. I also authorize the City of Capitola to confirm all information contained in the application. I hereby release said employees information, references, etc., and the City of Capitola from any liability for damages for receiving or releasing information:

SIGNATURE	DATE
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