

OFFICE USE ONLY
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INITIALS:
ADVERSE: Yes No
LP: CC:
LETTER:

REFUGE CENTER CLK050 (rev. 08/17) CITY ORDINANCE 13.13

Fee: \$0.00 Expires: A	pril 30,			
District #:				
	INDIVID	UAL INFORMATION		
Name of Applicant:				
	LAST	FIRST	M.	
Residence Address:	STREET	OLT) (OTATE	710
DOR:		CITY lumber:	STATE	ZIP
БОБ	1 Hone N	diffiber:	BUSINESS - CE	LL - HOME
Email Address:				
	(Correspond	ence Will Be Via Email If Address Is Giv	en)	
	PARTNE	RSHIP INFORMATION		
Partnership Name:				
List Name - Desidence Add	lanna Dhama Numban F	Nata of Dieth and Essail Addres	aa af all Dawlaana.	
LIST Name, Residence Add (ATTACH ADDITIONAL SHEETS IF N	iress, Phone Number, L NECESSARY)	Date of Birth, and Email Addre	ss of all Partners:	
`	,			
Name of Applicant #1:				
Dagidanaa Addraga	LAST	FIRST	M.	
Residence Address:	STREET	CITY	STATE	ZIP
DOB:		lumber:		
			□ BUSINESS □ C	ELL - HOME
Email Address:				
	(Correspond	ence Will Be Via Email If Address Is Giv	en)	
Name of Applicant #2:				
	LAST	FIRST	M.	
Residence Address:				
DOD.	STREET	CITY	STATE	ZIP
DOR:	Pnone N	lumber:	□ BUSINESS □ (CELL - HOME
Email Address			- DOSINESS - V	OLLL 1 HOWE

(Correspondence Will Be Via Email If Address Is Given)

Refuge Center, Page 1

CORPORATE INFORMATION

Corporation Name:		State of Incorporation:			
List Name, Residence Add (ATTACH ADDITIONAL SHEETS IF N		Date of Birth, and Email Addre	ess of all Partners:		
Name of Applicant #1:					
Residence Address:	LAST	FIRST	M.	M.	
	STREET	CITY	STATE	ZIP	
DOB:	Phone N	Number:	□ BUSINESS □ C	ELL ¬ HOME	
Email Address:					
	(Correspond	dence Will Be Via Email If Address Is Giv	ven)		
Name of Applicant #2:					
Residence Address:	LAST	FIRST	M.		
	STREET	CITY	STATE	ZIP	
DOB:	Phone N	Number:	□ BUSINESS □ (CELL - HOME	
Email Address:					
	(Correspond	dence Will Be Via Email If Address Is Giv	ren)		
Name of Applicant #3:	LAST	FIRST	M.	 M.	
Residence Address:	STREET	CITY	OTATE.	710	
DOB:		Number:	STATE	ZIP	
Frank Addus as			□ BUSINESS □ C	ELL - HOME	
Email Address:		dence Will Be Via Email If Address Is Giv	ren)		
	BUSIN	IESS INFORMATION			
Business Name, Street Ad	dress, State, Zip Code	and Business Number:			
Building Owner's Name, H	ome Address, State, Zi	ip, Phone Number:			
Managar or Proprietor of D	uningga Hama Addis	oo Ctoto Zin Dhana Niverbarr			
ivianager or Proprietor of B	usiness, Home Addres	ss, State, Zip, Phone Number:			

GENERAL INFORMATION

1. Organizational Chart listing supervisory p	personnel by n	ame. □ Attached	
2. Complete list of the services and program	ns provided at	the Center. Attached	
3. Floor plan identifying size and location of	all Centers ar	ea. □ Attached	
4. Dates & Hours of operation: □ Sunday: □			
□ Monday:			
□ Tuesday:			
□ Wednesd	ay:		
□ Thursday	:		
□ Friday:			
□ Saturday:			
Pursuant to 13.13 of the Code of General Ordinances: Applicants and Licensees shall permit authorized representating premises proposed to be licensed or licensed, with or without and assure compliance with this Ordinance, without first obtain operation unless emergency circumstances require prompt act this Ordinance. The unreasonable failure to permit inspections City Clerk to the Enforcing Departments, they shall inspect the have duties with respect thereto, as part of the application/lice make periodic inspections of Licensee premises/equipment duties.	ves of any Departme advanced notice, as hing a special inspection to protect the pushall be grounds for premises/equipmen nse renewal processuring the license perior.	nt of the City or County having enforcement powers hereun often as may be required to permit said Departments to a p tion warrant. Inspections shall be made during normal hour blic health, safety, or welfare, or to preserve evidence of no license denial, suspension, or revocation. Upon notice of a t of each license applicant and licensee seeking license rer and prior to application review. The Fire Chief, or designee and and report apparent violations of this Ordinance over wh	der to inspect the erform their duties s of business incompliance with application by the newal, where they be thereof, shall ich it does not have
jurisdiction to any Enforcing Department having jurisdiction the complaint being made with respect thereto by any person.	ereover. Enforcing De	epartments may also inspect the premises/equipment or an	/ Licensee upon a
Individual/Partner/Member Signature	Date	Partner/Member Signature	Date
Individual/Partner/Member Signature	Date	Partner/Member Signature	Date