

CITY OF CHULA VISTA CHULA VISTA POLICE DEPARTMENT

POLICE CONTROLLED LICENSE NEW APPLICANT



			TYPE OF	LICENSE ((PLEASE C	IRCLE ONE):			
CARD ROOM EMPLOYEE \$175	FIREARM DEALER \$365	ICE CREAM VENDOR \$165	MASSAGE ESTABLISHMENT \$1,400	MASSAGE TECHNICIAN \$175	PAWN SHOP EMPLOYEE \$165	PAWN SHOP OWNER \$315	SECONDHAND DEALER OWNER \$315	SOLICITOR/ PEDDLER \$165	TOBACCO RETAILER \$322	
SECTION I:	PERSONAL	INFORMATI	<u>ON</u>							
Applicant's	Full Name:				<u></u>					
Residence <i>i</i>	۸ ddross،		Last First				Middle			
residence i	Audress.		Street				City	State	Zip	
Mailing Add	dress:		3000				City	State	216	
3			Street	t			City	State	Zip	
Length of Residence:				ail Address:						
Home Phone #:		Cell Phone #: Work Phone #:						: <u></u>		
Date of Birt				_	ace of Birth:					
Social Security #:				_	's License #:					
Height:		Weight:	Eye Colo	or:	Hair Color:		Race:		Sex:	
1 2 3			DRESSES FOR THE			- - -			- - -	
4 5 EMPLOYM	ENT HISTOR	Y FOR THE I	LAST FIVE (5) YEAR	RS:	RE	- - EASON FOR (CHANGE	FROM	- - ТО	
1										
2										
4										
5										
BUSINESS V	VHERE APP	LICANT EXP	ECTS TO BE EMPLO	OYED:						
Business Name:						DBA:				
Business Address:						-				
			Street	t			City	State	Zip	
РНОТО				FOR OFFICE	IAL USE ONL	_Y				
			Application Date:					ARJIS:		
		Received By:					LIVE SCAN:			
			A	Approved By:		Date:		SRFERS:		
			Application Co	mpleted By:		Date:			CG 11/18	

List all arrest infractions.	• •	arge(s) or to a lesser charg	e in satisfactions must be lis	on of, or as a su	bstitute for an
			<u> </u>		
Please list th	e following information regarding your crimina	•	1		
Date	Nature of Arrest / Conviction	Law Enforcement Agency		Sentence	
SECTION III: I	EMPLOYER / BUSINESS INFORMATION	l	l		
Business Nar	ne (where license will be used):				
Type of Busir					
Business Ado			Cit.	C+-+-	7:
Business Pho	Street one: Bu	ısiness Website:	City	State	Zip
Email Addres					
List all person extent of the 1_2_3_ 4_ 5_	ns, other than yourself, who will have any auth eir authority.	ority over the business to	be licensed ar	nd describe the	nature and
complete and grounds for a has my perm	ler penalty of perjury that the statements maded correct to the best of my knowledge and belidenial of this application or loss of licensure an ission to conduct any and all background investant am aware that the investigation fee is non-reserved.	ef. I understand that any ode I may be subject to prosestigation checks necessary	false stateme ecution. The to confirm the	nt or misrepreso Chula Vista Polio e information p	entation will be ce Department
	Signature of Applicant		Date		
•	ible for understanding and complying with the for which I am applying. I understand the Chula	-		_	
_	Signature of Applicant		Date		_