

## CITY OF CHULA VISTA CHULA VISTA POLICE DEPARTMENT

## POLICE CONTROLLED LICENSE PAWN SHOP OWNER RENEWAL



CG 04/19

NAME OF BUSINESS	:						
BUSINESS ADDRESS	S:						
BUSINESS PHONE N	UMBER:						
SECTION I: PERSONAL	INFORMATION						
Applicant's Full Name:							
	Last		First		Middle		
Residence Address:							
		Street		City	State	Zip	
Email Address:							
Home Phone #:	Cell Phone #:						
Social Security #:	Driver's License #:				Date of Birth:		
Height:	Weight:	,	Hair Color:	Race:		Sex:	
Permit #:		Permit Expir	ration Date:			<del></del>	
HAVE YOU BE	EN ARRESTED I	N THE PAST 12 MONTHS (	CIRCLE ONE):	YES	NO		
		(If yes, please list on the I	oack side of this	application)			
YOU MAY NO I CERTIFY THAT THE IN	(money order of \$20,000 Surety Copy of Finance Copy of City of Copy of Govern OPERATE IN TOPERATE OF Signature of Signature of \$100.000 Signature of \$100.0000 Signature of \$100	ial Statement confirming S Chula Vista business licen nment issued ID ALL FEES ARE N HE CITY OF CHULA VISTA N OVIDED ON THIS APPLICA	de payable to the factor of th	E. D POLICE CONTROL D CORRECT.  Date	s. LED LICENSE/P	ERMIT.	
РНОТО			AL USE ONLY				
		TON OTTION	AL OSE ONE				
		Application Date:			ARJIS:		
		Received By:			SRFERS:		
		Approved By:		Date:			
		Application Completed By:		Date:			