

CITY OF CHULA VISTA CHULA VISTA POLICE DEPARTMENT

POLICE CONTROLLED LICENSE SECONDHAND DEALER OWNER RENEWAL



NAME OF BUSINESS	S:						
BUSINESS ADDRES	S:						
BUSINESS PHONE N	NUMBER:						
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 Bi	rth:	
Height:	Weight:	Eye Color:	Hair Color:		Race:		Sex:
Permit #:		Permit Exp	iration Date:				
HAVE YOU B	EEN ARRESTED IN	THE PAST 12 MONTHS	(CIRCLE ONE):		YES	NO	
		f yes, please list on the	•		tion)		
	 \$300 Department (money order or 	newal fee (checks are t of Justice processing cashier's checks are ma nent issued identification	state license f ade payable to	fee	•	·	
If your Secondhand	Dealer License is	EXPIRED MORE THAN 1	ΓWO WEEKS,	applicant <u>I</u>	MUST comple	te and submi	t a new Police
		olled License applicatio					
		ALL FEES ARE I					
		CITY OF CHULA VISTA				LED LICENSE/	PERMII.
I CENTIFY THAT THE III	NFORIVIATION PRO	VIDED ON THIS APPLICA	ATTON IS TRUE	AND CON	NECI.		
	Signature of A	pplicant			Date		
FA	· ·	·· IY INFORMATION ON T	HIS FORM IS G	GROUNDS I		IFICATION	
.,.							
			CIAL USE ONLY	1			
	Application Da	te:		ARJIS:			
	Received I	Зу:		SRFERS:			
	Approved I	Ву:	Date:				
Арр	olication Completed E	ву:	Date:				
							CG 05/19