



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT



POLICE CONTROLLED LICENSE
NEW APPLICANT

TYPE OF LICENSE (PLEASE SELECT ONE):

- CANNABIS BUSINESS EMPLOYEE (\$320)
CARD ROOM EMPLOYEE (\$175)
ICE CREAM VENDOR (\$165)
MESSAGE ESTABLISHMENT (\$1,400)
MESSAGE TECHNICIAN (\$175)
PAWN SHOP OWNER (\$315)
PAWN SHOP EMPLOYEE (\$165)
SECONDHAND DEALER OWNER (\$315)
SOLICITOR/PEDDLER (\$165)
TOBACCO RETAILER (\$322)

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: Last First Middle
Residence Address: Street City State Zip
Mailing Address: Street City State Zip
Length of Residence: Email Address:
Home Phone #: Cell Phone #: Work Phone #:
Date of Birth: Place of Birth:
Social Security #: Driver's License #:
Height: Weight: Eye Color: Hair Color: Race: Sex:

LIST OF PREVIOUS RESIDENCE ADDRESSES FOR THE LAST FIVE (5) YEARS: FROM TO
1
2
3
4
5

EMPLOYMENT HISTORY FOR THE LAST FIVE (5) YEARS: REASON FOR CHANGE FROM TO
1
2
3
4
5

BUSINESS WHERE APPLICANT EXPECTS TO BE EMPLOYED:
Business Name: DBA:
Business Address: Street City State Zip

PHOTO FOR OFFICIAL USE ONLY
Application Date: ARJIS:
Received By: LIVE SCAN:
Approved By: Date: SRFERS:
Application Completed By: Date:

SECTION II: CRIMINAL HISTORY

List all arrests, including DUI, Misdemeanor and criminal convictions (including California and all other states), except traffic infractions. Include guilty pleas (whether to the original charge(s) or to a lesser charge in satisfaction of, or as a substitute for an original charge). Also include nolo contendere (no contest) pleas. **Dismissed/expunged convictions must be listed per California Penal Code Section 1203.4(a).**

IF NONE, INITIAL HERE: _____

Please list the following information regarding your criminal history:

Date	Nature of Arrest / Conviction	Law Enforcement Agency	Sentence

SECTION III: EMPLOYER / BUSINESS INFORMATION

Business Name (your employer): _____

Type of Business: _____

Business Address: _____

_____ Street _____ City _____ State _____ Zip

Business Phone: _____ Business Website: _____

Email Address: _____

List all persons, other than yourself, who will have any authority over the business to be licensed and describe the nature and extent of their authority.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

SIGNATURE

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation will be grounds for denial of this application or loss of licensure and I may be subject to prosecution. The Chula Vista Police Department has my permission to conduct any and all background investigation checks necessary to confirm the information provided in this application. I am aware that the investigation fee is non-refundable.

Signature of Applicant

Date

I am responsible for understanding and complying with the rules and regulations related to the Police Regulated Business or Occupation for which I am applying. I understand the Chula Vista Municipal code pertaining to the license for which I have applied.

Signature of Applicant

Date