

CITY OF CHULA VISTA CHULA VISTA POLICE DEPARTMENT

POLICE CONTROLLED LICENSE CARD ROOM EMPLOYEE RENEWAL



		CARD ROOM	(PLEASE CIRCLE	ONE):			
SEVEN MILE CASINO				LE GAMING			
SECTION I: PERSOI	NAL INFORMATI	<u>NC</u>					
Applicant's Full Na	ime:						
		Last Fire		Middle			
Residence Address	S:	Street		City	State 2		
Email Address:				,			
Home Phone #:		Cell Phone #:			Work Phone #:		
Social Security #:		Driver's License #:			Date of Birth:		
Height:	Weight:	Eye Color:	Hair Color:	Race:		Sex:	
Permit #:		Permit Expiration Date:					
HAVE YO	II REEN ARREST	ED IN THE PAST 12 MONT	THS (CIRCLE ONE):	YES	NO		
11/1/10	O BEEN MINEST	(If yes, please list on			NO		
The following mus	t be submitted,	with this application, to r	enew your card roor	m permit:			
		newal fee (checks are ma	• •	ity of Chula Vista)			
	• One 2" x 2	' photo taken within the	last six months				
If yo		rmit is <u>EXPIRED MORE TI</u> Controlled License applic					
		ALL FEES A	RE NON-REFUNDAB	LE.			
YOU MAY	Y NOT OPERATE	IN THE CITY OF CHULA VI	STA WITHOUT A VAL	LID POLICE CONTROL	LED LICENSE/PERM	1IT.	
I CERTIFY THAT TH	IE INFORMATIOI	N PROVIDED ON THIS APP	PLICATION IS TRUE A	ND CORRECT.			
Signature of Applicant				Date			
	FALSIFICATION	OF ANY INFORMATION C	ON THIS FORM IS GRO	OUNDS FOR DISQUA	LIFICATION		
PHO	TO	FOR O	FFICIAL USE ONLY				
		Application D	Oate:		ARJIS:		
		Received	d By:		SRFERS:		
		Approved	d By:	Date:			
		Application Completed	l By:	Date:			
						CG 01/10	