

PERMIT APPLICATION

It is the business owner's responsibility to notify the Sacramento Police Department immediately if there are any changes to the business entity from the information submitted on this application.

It is the applicant's responsibility to renew the license by the expiration date, whether they receive a renewal form or not.

If necessary, use a separate sheet of paper to fully answer the following questions. **The permit may be denied, suspended, or revoked if a false statement is made on this application, or for reasons specified in Sacramento City Code Chapter 5. APPLICATION FEES ARE NON REFUNDABLE**

Please type or Print Clearly

REASON FOR APPLICATION:											
<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP								
<input type="checkbox"/> DUPLICATE	<input type="checkbox"/> RENEWAL PERMIT NUMBER:	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> LTD PTR							
BUSINESS INFORMATION:											
NAME OF BUSINESS:						BUSINESS ADDRESS (INCLUDING SUITE NUMBER)					
BUSINESS PHONE:						ALTERNATE PHONE NUMBER:					
E-MAIL ADDRESS:											
TYPE OF BUSINESS:											
NUMBER OF EMPLOYEES:						STATE OR FEDERAL LICENSE # (FFL, PPO):					
OWNERS, PARTNERS, AND APPLICANTS											
OWNER NAME:											
OTHER NAMES YOU HAVE USED:											
PHONE:				CELL PHONE NUMBER:				E-mail Address:			
HOME ADDRESS:											
STATE:				ZIP:				HOW MANY YEARS HAVE YOU LIVED IN CA:			
DATE OF BIRTH:				DRIVER LICENSE:				HEIGHT:		WEIGHT:	
HAIR COLOR				EYE COLOR				NATIONALITY		U.S. CITIZEN	
TYPE OF PERMIT:		ALCOHOL		CARD ROOM		GUN DEALER		ENTERTAINMENT		2 ND HAND/PAWN	
List all the Permits you have held:											
Have you ever had any permit or License revoked or denied? If Yes Please Explain:											

PRODUCTS AND SERVICE SOLD

DO YOU PLAN TO SELL OR SERVE FOOD: <input type="checkbox"/> YES SPECIFY NUMBER OF SEATS: _____ <input type="checkbox"/> NO:	DO YOU PLAN TO SELL OR SERVE ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> ABC LICENSE NUMBER _____ TYPE: _____
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HOURS OF OPERATION:	NAME OF LICENSING REP AT ABC:
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DOES YOUR BUSINESS HAVE: <input type="checkbox"/> AMUSEMENT MACHINES <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) <input type="checkbox"/> JUKE BOXES <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY) <input type="checkbox"/> POOL TABLE <input type="checkbox"/> NO <input type="checkbox"/> YES (QTY)	WILL YOU HAVE <input type="checkbox"/> MUSIC <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DANCING <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> LIVE PERFORMANCE <input type="checkbox"/> NO <input type="checkbox"/> YES
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WILL YOU DEAL IN: <input type="checkbox"/> COINS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FIRE ARMS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> JEWELS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> GOLD <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> SECOND HAND <input type="checkbox"/> NO <input type="checkbox"/> YES PROPERTY	SELECT ONE: <input type="checkbox"/> I AM RENTING MY BUSINESS PROPERTY <input type="checkbox"/> I OWN MY BUSINES PROPERTY ** PLEASE INCLUDE A FLOOR PLAN ** ARE YOU FAMILIAR WITH THE ORDINANCES OF THE CITY OF SACRAMENTO AND THE LAWS OF THE STATE OF CALIFORNIA PERTAINING TO THE APPLICATION? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT	PROPERTY OWNER NAME: PROPERTY OWNER PHONE NUMBER:
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HAVE YOU EVER BEEN CONVICTED OF A CRIME: (INCLUDE CONVICTIONS BY VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, OR DIVERSION PROGRAMS COMPLETED.

NO

YES (GIVE THE DATE OF ARREST, OFFENSE YOU WERE CHARGED WITH AND THE CITY)

APPLICANT SIGNATURE

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

Signature of Applicant: _____ **DATE:** _____

****FOR OFFICAL USE ONLY****

APPROVALS: PLANNING: APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO /REVIEWD BY: _____ BUILDING: APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO /REVIEWD BY: _____ FIRE: APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO / REVIEWD BY: _____	SPD #: _____ THUMB PRINT:
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