

**PERSONAL DISCLOSURE STATEMENT
BUSINESS OWNER, MEMBER, PARTNER,
CORPORATE SHAREHOLDER, OFFICER,
DIRECTOR**
(ATTACH TO COMPANY OWNERSHIP INFORMATION SHEET IF APPLICABLE)

CITY OF SACRAMENTO
BUSINESS PERMITS, CITY HALL
915 I STREET, ROOM 1201
SACRAMENTO, CA 95814
(916) 808-5852

****IF THERE IS MORE THAN ONE OWNER, EACH OWNER MUST FILL OUT A SEPARATE DISCLOSURE STATEMENT****

ATTENTION: If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in Sacramento City Code. **Application fees are non-refundable**

PRINT FULL NAME:			
OTHER NAMES YOU HAVE USED:			
PHONE:	CELL PHONE NUMBER:	EMAIL ADDRESS:	
CURRENT RESIDENCE ADDRESS:			
HOW MANY YEARS HAVE YOU LIVED IN CA:	DATE OF BIRTH:	DRIVER LICENSE:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
U.S. CITIZEN:			
DO YOU CURRENTLY HOLD A VALID CITY OF SACRAMENTO PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of permit?			
Have you ever had a permit or license revoked or denied, within this City? If yes, please explain: 			
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			
HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, DIVERSION PROGRAMS COMPLETED, DUI). <input type="checkbox"/> NO <input type="checkbox"/> YES (give the date of the 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: _____
FVC004 (Rev. 11/17)			