



CITY OF SACRAMENTO PERMIT APPLICATION

It is the business owner's responsibility to notify the Police Department immediately if there are any changes to the business entity from the information submitted on this application. It is the applicants 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 you make a false statement in 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 (INCLDING 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 2ND 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:
 YES SPECIFY NUMBER OF SEATS: _____
 NO:

DO YOU PLAN TO SELL OR SERVE ALCOHOL:
 YES NO

ABC LICENSE TYPE:
NUMBER

HOURS OF OPERATION:

NAME OF LICENSING REP AT ABC:

DOES YOUR BUSINESS HAVE:
 AMUSEMENT MACHINES NO YES (QTY)
 VIDEO GAMES NO YES (QTY)
 JUKE BOXES NO YES (QTY)
 POOL TABLE NO YES (QTY)

WILL YOU HAVE
 MUSIC NO YES
 DANCING NO YES
 LIFE PERFORMANCE NO YES

WILL YOU DEAL IN:
 COINS NO YES
 FIRE ARMS NO YES
 JEWELS NO YES
 GOLD NO YES
 SECOND HAND PROPERTY NO YES

SELECT ONE:
 I AM RENTING MY BUSINESS PROPERTY
 I OWN MY BUSINESS PROPERTY
** PLEASE INCLUDE A FLOOR PLAN **

PROPERTY OWNER NAME:

PROPERTY OWNER PHONE NUMBER:

ARE YOU FAMILIAR WITH THE ORDINANCES OF THE CITY OF SACRAMENTO AND THE LAWS OF THE STATE OF CALIFORNIA PERTAINING TO THE APPLICATION?
 YES I AM 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, 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 YES NO / REVIEWD BY: _____
BUILDING: APPROVED YES NO / REVIEWD BY: _____
FIRE: APPROVED YES NO / REVIEWD BY: _____

SPD #: _____

THUMB PRINT: