City of SACRAMENTO Police Department

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:			
☐ NEW BUSINESS	☐ CHANGE OF OWNER	☐ SOLE PROPRIETORSHIP	☐ PARTNERSHIP
☐ DUPLICATE	☐ RENEWAL PERMIT NUMBER:	☐ CORPORATION	☐ LLC ☐ 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**	☐ **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 NUMBER

TYPE:

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
☐ LIVE 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 BUSINES PROPERTY

** PLEASE INCLUDE A FLOOR PLAN **

PROPERTY OWNER NAME:

PROPERTY OWNER PHONE NUMBER:

ARE YOU FAMILIAR WITH THE ORDINANCES OF THE CITY OFSACRAMENTO 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: