



CITY OF SACRAMENTO

PERMIT APPLICATION



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 CHAPTER 5.

APPLICATION FEES ARE NON-REFUNDABLE

NEW: _____ TYPE OF PERMIT: _____ PERMIT NO: _____

RENEWAL _____ SPDNO: _____

1. PRINT FULL NAME: _____

2. OTHER NAME(S) YOU HAVE USED OR BEEN KNOWN BY: _____

3. CURRENT RESIDENCE ADDRESS: _____

CURRENT TELEPHONE NUMBER: _____

4. AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

5. HEIGHT: _____ WEIGHT: _____ COLOR HAIR: _____ COLOR EYES: _____

6. NATIONALITY: _____ CITIZEN: YES NO

7. CALIFORNIA DRIVER'S LICENSE NO. (OR CALIFORNIA I.D.): _____

8. HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO

IF YES, GIVE REASONS: _____

9. HOW MANY YEARS IN CALIFORNIA? _____ IN SACRAMENTO? _____

10. LIST TWO (2) PREVIOUS RESIDENCE ADDRESSES, IMMEDIATELY PRIOR TO CURRENT ADDRESS:

11. NAME(S) AND RELATION(S) OF OTHER PERSONS LIVING WITH YOU: _____

12. NAME(S) AND RELATION(S) OF PERSONS WHO LIVED WITH YOU WITHIN THE PAST FIVE(5) YEARS.

EXCLUDE THOSE LISTED ABOVE: _____

13. HAVE YOU EVER HAD ANY PERMIT OR LICENSE REVOKED OR DENIED BY THE CITY OF SACRAMENTO? YES NO

IF YES, EXPLAIN THE TYPE OF PERMIT/LICENSE AND WHY: _____

14. ARE YOU FAMILIAR WITH THE ORDINANCES OF THE CITY OF SACRAMENTO AND THE LAWS THE STATE OF CALIFORNIA PERTAINING TO THIS PERMIT APPLICATION? YES NO

15. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO (Include convictions by verdict, plea of guilty, plea of no contest, any fines paid, or diversion programs completed. If the answer is "Yes", give the date of arrest, the offense charged, the offense of which you were convicted and the place where you were

convicted.) _____

16. NAME AND ADDRESS OF PROPOSED BUSINESS OR EMPLOYER FOR WHICH THIS PERMIT IS REQUIRED. BUSINESS NAME: _____

ADDRESS: _____ TELEPHONE () _____

TYPE OF BUSINESS _____ OCCUPATION _____

OCCUPATION FOR THE PAST 5 YEARS

EMPLOYER

DATES

17. DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITY OR INCAPACITY WHICH COULD INTERFERE WITH THE PROPER MANAGEMENT AND CONTROL OF A MOTOR VEHICLE? YES NO

IF YES, EXPLAIN _____

18. ARE YOU NOW OR HAVE EVER IN THE PAST, BEEN ADDICTED TO THE USE OF ALCOHOL OR ANY CONTROLLED SUBSTANCE AS DEFINED IN THE STATE HEALTH & SAFETY CODE? YES NO

IF YES, EXPLAIN _____

19. LIST ANY PRESCRIPTION MEDICATION YOU TAKE ON A REGULAR OR OCCASIONAL BASIS:

20. 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: _____

THIS SECTION FOR OFFICE USE ONLY

BASED ON RECORDS AVAILABLE, THE SACRAMENTO POLICE DEPARTMENT SUGGESTS A TEMPORARY PERMIT BE APPROVED DENIED

SIGNATURE _____ DATE: _____

A REGULAR PERMIT IS APPROVED DENIED

CHIEF OF POLICE (designee) _____ DATE: _____