CITY OF CHULA VISTA

CHULA VISTA POLICE DEPARTMENT

POLICE CONTROLLED LICENSE

NEW APPLICANT

TYPE OF LICENSE (PLEASE SELECT ONE):

BINGO GAME ($265)	◯	FIREARMS DEALER ($365)	◯	PAWN SHOP EMPLOYEE ($165)	◯
CANNABIS BUSINESS/EMPLOYEE ($320)	◯	MASSAGE ESTABLISHMENT ($1,400)	◯	SECONDHAND DEALER OWNER ($315)	◯
CANNABIS EMPLOYEE POSITION:	◯	MASSAGE TECHNICIAN ($175)	◯	SEXUALLY ORIENTED BUSINESS	◯
CARD ROOM EMPLOYEE ($175)	◯	PAWN SHOP OWNER ($315)	◯	TOBACCO RETAILER ($322)	◯

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: _____
Last First Middle

Residence Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Length of Residence: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Driver's License #: _____

Height: Weight: Eye Color: Hair Color: Race: Sex:

LIST OF PREVIOUS RESIDENCE ADDRESSES FOR THE LAST FIVE (5) YEARS: **FROM** **TO**

1 _____
2 _____
3 _____
4 _____
5 _____

EMPLOYMENT HISTORY FOR THE LAST FIVE (5) YEARS: **REASON FOR CHANGE** **FROM** **TO**

1 _____
2 _____
3 _____
4 _____
5 _____

BUSINESS WHERE APPLICANT EXPECTS TO BE EMPLOYED:

BUSINESS NAME: _____ **DBA:** _____

BUSINESS ADDRESS: _____
STREET CITY STATE ZIP

PHOTO

FOR OFFICIAL USE ONLY

Application Date: ARJIS:

Received By: LIVE SCAN:

Approved By: Date: SRFERS:

Application Completed By: Date:

SECTION II: CRIMINAL HISTORY

List any and all arrests for any misdemeanor or felony, even if no charges were filed or the arrest was sealed. List any and all cases where you were cited and released, excluding only traffic infractions. (A DUI is NOT a traffic infraction and must be listed.) List all criminal convictions, misdemeanor or felony. Include all of the following: any plea of guilty or no contest; if you were found guilty by a judge; if you were found guilty by a jury. Even dismissed or expunged convictions, or cases where you successfully completed diversion, must be listed per Penal Code section 1203.4(a).

IF NONE, INITIAL HERE: _____

Please list the following information regarding your criminal history:

Date	Nature of Arrest / Conviction	Law Enforcement Agency	Sentence

SECTION III: EMPLOYER / BUSINESS INFORMATION

Business Name (where license will be used): _____

Type of Business: _____

Business Address: _____

Street City State Zip

Business Phone: _____ Business Website: _____

Email Address: _____

List all persons, other than yourself, who will have any authority over the business to be licensed and describe the nature and extent of their authority.

1 _____

2 _____

3 _____

4 _____

5 _____

SIGNATURE

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation will be grounds for denial of this application or loss of licensure and I may be subject to prosecution. The Chula Vista Police Department has my permission to conduct any and all background investigation checks necessary to confirm the information provided in this application. I am aware that the investigation fee is non-refundable.

_____ _____

Signature of Applicant Date

I am responsible for understanding and complying with the rules and regulations related to the Police Regulated Business or Occupation for which I am applying. I understand the Chula Vista Municipal code pertaining to the license for which I have applied.

_____ _____

Signature of Applicant Date