SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
Telephone No.: (619) 531-2250

POLICE PERMIT APPLICATION

TYPE OF EMPLOYEE : Holistic Health Practitioner Business **Permit #**_____
If employed by a police permitted business

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Applicant's Full Name:_____
L,F, M

Date of Birth:_____ Driverôs License/ID #:_____ State:_____

Other Names (Maiden, Alias, Etc.)_____ Stage Name:_____

Residence Address:_____ City, State, Zip:_____

Mailing Address:_____ City, State, Zip:_____

Res. Ph._____ Bus. Ph _____ Cell Ph _____ Fax _____

Email Address:_____ Web Site Add/Auction Site User Name:_____

Soc. Sec. #:_____ Place of Birth:_____

Eyes:_____ Hair:_____ Height:_____ Weight:_____ Race:_____ Sex:_____

Business Where Applicant Expects to be Employed:

Business Name:_____ D.B.A.:_____

Business Address:_____ City, State, Zip:_____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date:_____ **Permit Number:**_____ **Received by:**_____ ☐ **Live Scan Rec:**_____

Records Check: _____ ☐ **RI01 ok or** _____
Initials/ID #

Approving Officer:_____ **Date:**_____

2. List previous occupations, places of employment and/or schooling for the last *five (5) years*.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. *IF NONE, INITIAL HERE*: _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.			From To	
2.			From To	
3.			From To	

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? *Yes* ☐ *No* ☐

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

***IF NONE, INITIAL HERE*: _____**

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of $25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

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 statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I A M AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

_____ _____

APPLICANT'S SIGNATURE DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0371100
Code assigned by DOJ

Type of Application: Permits and Licensing

Job Title or Type of License, Certification or Permit: Holistic Health Practitioner Business

Agency Address Set Contributing Agency:

San Diego Police Department
Agency authorized to receive criminal history information

08228
Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431- MS 735
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San Diego — California — 92112-1431
City — State — Zip Code

(619) 531-2250
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____
Last First

Driver's License No: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. BIL - APPLICANT TO PAY
Agency Billing Number

Height: _____ Weight: _____

Misc. Number: _____

Home Address:

Eye Color: _____ Hair Color: _____

_____
Street No. Street or PO Box

Place of Birth: _____

_____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: [X] DOJ [ ] FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Not Applicable
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency