Police Permit Application

BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT
1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE
(TYPE OR PRINT LEGIBLY)

TYPE OF PERMIT: Holistic Health Practitioner Business LOCATION:

☐ Sole Owner: ☐ Partnership: ☐ Corporation: ☐ LLC: ☐ Other:

Business Name: _____ D.B.A. _____

Business Address: _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____ E-Mail Address: _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED: RECEIVED BY:		
DEVELOPMENT SERVICES – ZONING APPROVED BY: DATE: PHONE:		FIRE & LIFE SAFETY DEPARTMENT APPROVED BY: DATE: PHONE:

APPROVING OFFICER: _____ **DATE:** _____

Rev. 07/09/12 sdn

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IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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 fees. If a renewal is not complete 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 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 APPLICATION 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 I AM APPLYING FOR. 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 AM 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

_____ _____

RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN TITLE/POSITION