



POLICE PERMIT RENEWAL APPLICATION

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(619) 531-2250



PERMIT TYPE:

POLICE PERMIT NO:

EXPIRATION DATE:

Business Name:

Street Address:

City/State/Zip:

APPLICANT'S FULL NAME:

LAST

FIRST

MIDDLE

DOB:

TITLE:

SOLE OWNER

PARTNERSHIP

CORPORATION

LLC

RESIDENCE ADDRESS:

CITY & ZIP:

OTHER NAMES(S) USED:

EMAIL:

SSN:

RES PHN:

BUS PHN:

DRVR'S LICENSE/STATE:

/

RACE:

SEX:

WEIGHT:

HEIGHT:

HAIR:

EYES:

Approved

Applicant's Signature

Date

Denied

Reviewing Officer's Signature

Date