SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
(619) 531-2250

AUTO DISMANTLER

ALL NEW APPLICATIONS MUST BE SUBMITTED IN PERSON TO THE POLICE PERMITS & LICENSING OFFICE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

San Diego Municipal Code, Section 33.0101(c) states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Auto Dismantlers. Copies of the Auto Dismantler Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Telephone # (619) 533-4000 or via the City's website: www.sannet.gov (Department, City Clerk, Documents, Municipal Code) SDMC Chapter 3, Article 3, Division 9 and Divisions 1-5.

In order to apply, please submit a Police Permit Application (**one for each officer/partner/owner**), Business Addendum and a **COPY** of the following items:

- **BUSINESS TAX CERTIFICATE**
  San Diego City Treasurer's Office
  1200 Third Avenue (1st Floor)
  San Diego, CA 92101 Telephone # (619) 615-1500 or www.sannet.gov/treasurer/.

- A copy of the **ARTICLES OF INCORPORATION** from the State of California must be submitted if a corporation is applying.

- **DISMANTLER'S LICENSE** - From the Department of Motor Vehicles 1- (800) 777-0133.

- **INVESTIGATION FEE** - Cash, check, cashier's check or money order (payable to **City Treasurer**), for a non-refundable Investigation Fee of **$104.00**.

- **REGULATORY FEE** – Cash, cashier's check or money order (payable to **City Treasurer**) for an annual Regulatory Fee of **$344.00** must be submitted along with your application.

  $104.00 Investigation Fee
  $344.00 Regulatory Fee (annually)
  $448.00 Total

- No **OUT OF STATE CHECKS** will be accepted.

- A criminal records check will be made on each applicant.

- There is a 30-day investigation period that starts at the time your completed application is submitted.

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Telephone No.: (619) 531-2250

APPLICATION

TYPE OF PERMIT:_____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth:_____ Driver's License/ID #:_____ State:_____

Applicant's Full Name:_____
Last First Middle

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

Residence Address:_____ City, State, Zip:_____

Mailing Address:_____ City, State, Zip:_____

Res. Ph. ( )_____ Bus. Ph. ( )_____ Cell Ph. ( )_____ Fax ( )_____

Internet Web Site Address/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 PCCO:_____ **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.				
2.				
3.				

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 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

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

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: _____ **LOCATION:** _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Business Name: _____ D.B.A. _____

Business Address : _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____

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:** _____

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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 #

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_____ _____
APPLICANT'S SIGNATURE DATE OF APPLICATION

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