CURB PAINTER

SAN DIEGO POLICE DEPARTMENT - POLICE PERMITS/LICENSING
1400 'E' STREET - M.S. 735, SAN DIEGO, CA 92101
Telephone (619) 531-2250

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 bein g familiar with and complying with the rules and regulations related to Solicitors. Copies of the Solicitor Regulations 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 14 and Divisions 1-5.

- A **Curb Painter Permit** will be required for all persons doing business **door-to-door** and/or **business-to-business.**
- The following items must be brought to the Permits & Licensing front counter for inspection at the time of the application process:
  - 4-inch stencils
  - Black **Traffic Approved** paint
  - Yellow **Traffic Approved** paint

PROVIDE THE FOLLOWING WHEN SUBMITTING YOUR APPLICATION

A completed Police permit **application** and **business addendum**. A 30-day investigation period begins at the time each application is submitted. A criminal records check will be made on each applicant. All documents, approvals and fees must be included, along with completed applications, when submitted to the Permits/Licensing Office. Applications must be submitted in person.

A copy of the **Business Tax Certificate** from the San Diego City Treasurer's office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 - Phone (619) 615-1500. **All** Curb Painters / Solicitors **MUST** show a City of San Diego Business Tax Certificate, or **MUST** show proof of employer's City of San Diego Business Tax Certificate Number

- **Live Scan FingerPrints are required** for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. **See attached list** for locations. **Note:** Completed Live Scan fingerprints must be submitted with the application within **thirty (30) days** from the date the fingerprints were taken.

- **Investigation Fee** - Cash, check, cashier's check or money order (made payable to the **City Treasurer**) for a **non-refundable** Application Fee of **$104.00** must be submitted along with your application. No Out of State or third party Checks will be accepted.

- **Regulatory Fee** - Cash, check, cashier's check or money order (payable to the **City Treasurer**) for an Annual Regulatory Fee of **$59.00** must be submitted along with your application for the Curb Painter Permit.

- **Photograph/Special Registration Card** - Photographs will be taken at the time of application in the Permits & Licensing office. The fee for the Special Registration Card is $25.00. (Please make check,

cashier's check or money order payable to **CITY TREASURER.**)

- **Identification** - Valid government issued picture identification card (driver's license or military ID, etc.). Applicant must provide a valid State or Federal issued identification with their photo affixed, and showing their date of birth.

- Renewals - Permit must be renewed each year for a regulatory fee of **$31.00** and the Special Registration Card fee of **$25.00**.

REGULATIONS

A solicitor is a person who goes from house to house, business to business, without an appointment, or to one house, street, sidewalk, alley, plaza, park, public place, by foot or vehicle, who sells or solicits for value of goods. They may work for themselves or for a business (San Diego Municipal Code 33.1401).

1. All persons working as interviewers, solicitors, peddlers or vendors of merchandise, services, magazines, etc. are required to obtain a Police Registration Card. When operating, the card **MUST** be displayed on the front of their person, and they **MUST** exhibit the card to any peace officer upon demand (San Diego Municipal Code 33.1402).
2. **All** solicitors **MUST** have a **City of San Diego Business Tax Certificate** or be employed by a licensed business. You may obtain a Business Tax Certificate at the City Treasurer's Office.
3. All self employed solicitors selling taxable property **MUST** obtain a Sellers Permit from the State of California, Board of Equalization, and file a fictitious name with the County Clerk (1600 Pacific Highway) if the business name is other than their own.
4. It is unlawful for **ANY** person to ring the doorbell of a residence, rap or knock on any door, or create any sound in a manner calculated to attract attention for the purpose of engaging in activity as a solicitor or interviewer if the occupants have posted on the premises "no solicitors", "no soliciting", "no solicitors or peddlers" or any similar language clearly denying invitation and entry to solicitors (San Diego Municipal Code 33.1409).
5. **NO PERSON** shall operate as a solicitor between the hours of 8:00 p.m. to 9:00 a.m., except by appointment (San Diego Municipal Code 33.1410).
6. **JUVENILES**: No person under 14 years of age will be issued a Registration Card (San Diego Municipal Code 33.1405). Persons under 18 years of age are required to have a work permit from the school district in which they attend.
7. California Civil Code, Section 1689 et. seq., requires solicitors to provide a contract to buyers allowing a "3-day cooling-off period" for sales of $25.00 or more.
8. Business & Professions Code, Section 17500 et. seq., makes it illegal to misrepresent or falsely advertise **ANY** product or service.
9. California Penal Code, Section 532(d), makes it a misdemeanor to make false representation in solicitation of charitable contributions.
10. **Information for Non-Profit Organizations**: It is suggested that a solicitor, peddler or interviewer for a non-profit organization possess an identification card, and a letter on the organization letterhead authorizing the solicitor, peddler or interviewer as a representative of the organization. The letter should include a name and a telephone number of an employee of the organization. It is also suggested that the solicitor, peddler or interviewer carry a copy of the non-profit status letter from the State Franchise Tax Board and the IRS. For

more information, please contact the State of California Attorney General Registry of Charitable Trust.

RESTRICTED AREAS FOR SOLICITING

It is a misdemeanor for any person to solicit, peddle, hawk or sell any goods, wares or merchandise, services, magazines, periodicals or other publications or subscriptions for the same, except regularly published newspapers, upon any city of San Diego street, sidewalk, alley, plaza or in any park or public places within the following areas:

1. Public Parks, Beaches or Beach Areas (San Diego Municipal Code Section 63.02.13).

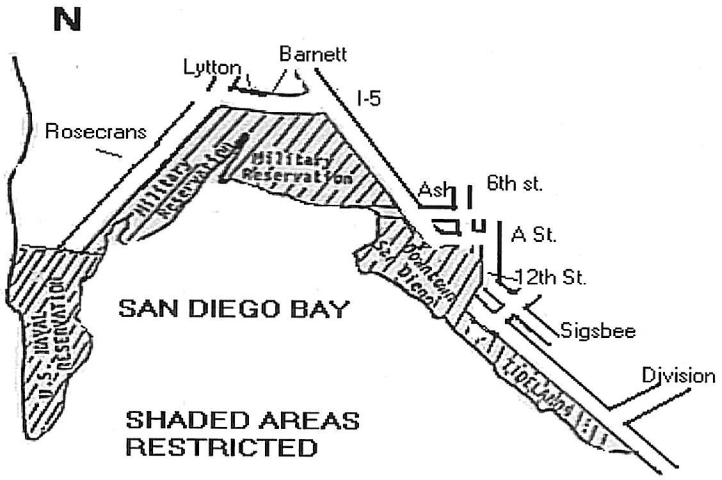
2. Tidelands of San Diego Bay except by permit issued by the Unified Port District (Unified Port District Code Section 8.05).

3. The areas listed in the San Diego Municipal Code, Section 33.1406. These areas are described below:

   a. That territory lying between the San Diego Bay and streets designated as the Central Business District (See map below).

   b. That territory lying westerly of the easterly line of Prospect Street, between the northerly line of Cave Street and the southerly line of Cuvier Street in the La Jolla Business District.

   c. That territory lying westerly of the San Diego and Arizona Eastern Railroad right-of-way, northerly from the International Border and easterly from Virginia Avenue to a point where the prolongation of Virginia Avenue intersects with the San Diego and Arizona Eastern Railroad right of way in the San Ysidro Business District.



SAN DIEGO POLICE DEPARTMENT
PERMITS AND LICENSING APPLICATION

1400 'E' Street, M.S. 735
San Diego, CA 92101

Application for C U R B P A I N T E R Permit

and

(Curb Painter Renewal Application)

NAME: _____

RESIDENCE ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR: _____ EYES: _____ DRIVER'S LIC. OR ID NO.: _____ SSN #: _____

BUSINESS NAME:(If different from above) _____

BUSINESS ADDRESS: _____

D. B. A. FILED? YES _____ NO _____ FICTICIOUS FILE # _____

** MAXIMUM CHARGE for
Curb Painting Service _____

Have you ever been convicted of a crime? Yes _____ No _____

IF YES, list below information as indicating (excluding any traffic offenses)

CHARGE	DATE	EXPLANATION

I have read and understand the laws concerning curb painting and received a copy of same. I declare that the information and statements made on this application are true to the best of my knowledge. I understand that any false statements or information are grounds for the denial of this application and that I will be subject to prosecution per 11.21 of the San Diego Municipal Code.

_____ _____
Signature of Applicant Date

PERMIT NO. _____
ISSUE DATE _____

INDIVIDUAL LICENSE/PERMIT ONLY---EMPLOYEE'S PROHIBITED

_____
OFFICER Approving/Denial of Application

Rev. 02/12/2003

SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
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:** _____

Rev. 07/17/06 cfp

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

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA
Chula Vista Police Department
315 Fourth Street
Chula Vista, CA 92010
(619) 409-5954
M - F (8am-12pm) **Appointments Only**
M - F (1pm-4pm) **Appointments Only**
www.chulavistapd.org

ESCONDIDO
Escondido Police Department
700 W Grand Ave
Escondido, CA 92025
Contact: (760) 839-4431
M - F (9:00am-3:30pm) **Appointments Only**

LA JOLLA
UCSD Police Department
9500 Gilman Dr #0017
La Jolla, CA 92093
(858) 534-4361 **Appointments Only**
M - F 9am-3pm

LA MESA
La Mesa Police Department (Storefront)
6119 Lake Murray Blvd
La Mesa, CA 91942
(619) 667-1342
M, T, W (10am-4pm) **Appointments/Walk In**
Th, F (9am-3pm) **Appointments/Walk In**

SAN DIEGO
San Diego City Schools Police Services/EOC Bldg
4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 **Appointments**
(619) 725-7014 (Information)
T – F (8:30am-1pm) **Walk In**
T – F (2pm-4pm) **Appointments Only**
Not open to general public on Monday's
Closed School Holidays

SAN DIEGO
San Diego State University
5500 Campanile Dr
SSE-1410
San Diego, CA 92182
(619) 594-3193
M - F (8am-4pm) **Appointments Only**

SAN DIEGO - LSID X54/ML1
San Diego Community College Police
1536 Frazee Road, 1st Floor
San Diego, CA 92108
Contact: (619) 388-6416
M-Th (7:30am-5pm) **Wlk**
F (7:30am-12 noon) **Wlk**
E-mail address: dpicou@sdcc.edu

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA 0371100
Code assigned by DOJ

Type of Application: Permits and Licensing

Job Title or Type of License, Certification or Permit:

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 — City
CA — State
92112-1431 — 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.)

If resubmission, list Original ATI Number:

Level of Service: ☑ DOJ

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