



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING



FIREARMS DEALER INFORMATION SHEET

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 the regulation of Firearms Dealers. Copies of the Firearms Dealers Ordinance and General Divisions Ordinances 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: <http://www.sandiego.gov> (Department, City Clerk, Documents, Municipal Code), [SDMC Chapter 3, Article 3, Divisions 1-5, and 42.](#)

New applications may be submitted in person at the Office of the City Treasurer located at: [1200 Third Avenue, Suite 100, San Diego, CA 92101](#)

Mailing Address: [SDPD Permits, P.O. Box 122289, San Diego, CA 92112-2289](#)

For questions, contact the Business Tax Program at (619) 615-1500

Note: Regulation and enforcement will continue to be performed by SDPD.

YOU MUST PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR FIREARMS POLICE PERMIT INCOMPLETE & REPLICATED APPLICATION PACKETS WILL NOT BE ACCEPTED

- **Completed Applications:** Firearms Dealer Application, Business Addendum Application (per owner/officer if applicable), and [Firearms Dealer Employee Addendum application form](#) for each employee who handles, sells, or delivers firearms.
- Copy of valid Business Tax Certificate. Must file at time of PD Permit application filing.
- Copy of valid State Certificate of Eligibility (COE) or a copy of your State Certificate of Eligibility Request form. You may download a Certificate of Eligibility application at: <http://oag.ca.gov/sites/all/files/agweb/pdfs/firearms/forms/coeapp.pdf> For questions regarding the COE, you may reach the State at 1(800) 952-5225.
- Copies of **current** State Certificate of Eligibility for all current employees.
- Copy of valid Seller’s Permit (858) 358-4700.
- Copy of valid Federal Firearms License, <https://www.atf.gov/firearms/instructions-form-7-application-federal-firearms-license>
- Copies of any special permits issued by the Department of Justice 1-800-952-5225.
- Copy of valid State Secondhand Dealers/Pawnbroker License. A secondhand/pawnbroker dealers license is required if you buy, sell, trade, or consign any secondhand guns (**a Live-Scan application is required for Secondhand Dealers/Pawnbrokers**)
- Copy of **current** Articles of Incorporation and Amendments.
- Copy of **current** Registered Fictitious Business Name-Recorder/County Clerk (619) 237-0502.
- Copy of your **current** lease/rental agreement from your landlord or property title.
- Identification in the form of a valid government issued photo identification card (i.e. driver’s license or military ID).
- Centralized List Reminder: Upon approval you are required to make an application to be recorded on the California Department of Justice Centralized List (CFD number). Please contact DOJ for application at: 1-800-952-5225.
- Fees - Cash, checks, and credit cards are accepted. Please make checks, money orders, and cashier’s checks payable to the **City Treasurer**.

\$1,606.00 - Regulatory Permit Fee / Firearms Dealer
\$59.00 - *Application Fee
\$1,665.00 - Total

NOTE: In accordance with 26915 of the California Penal Code, each employee who handles, sells, or delivers firearms is required to have a Certificate of Eligibility (COE) issued by the California Department of Justice.

FIREARMS DEALER LICENSE APPLICATION (NEW)

Business Name:

Police Permit #
(renewals only)

New Application:
Renewal:
DATE:

APPLICANT'S BUSINESS IS:								
INDIVIDUALLY OWNED		CORPORATION		PARTNERSHIP		OTHER (Specify) _____		
BUSINESS STREET ADDRESS				MAILING ADDRESS (If different)				
CITY			STATE			ZIP		
BUSINESS PHONE			HOME PHONE			E-MAIL ADDRESS		
BUSINESS HOURS		SUN	MON	TUE	WED	THUR	FRI	SAT
OPENING HOUR								
CLOSING HOUR								

EACH OWNER, CORPORATE OFFICER OR PARTNER IS DEEMED AN APPLICANT AND EACH MUST PROVIDE THE FOLLOWING INFORMATION. AN APPLICANT WHO IS A CORPORATION OR PARTNERSHIP SHALL DESIGNATE ONE OF ITS OFFICERS OR GENERAL PARTNERS TO ACT AS ITS RESPONSIBLE MANAGING OFFICER. THE RESPONSIBLE MANAGING OFFICER MAY COMPLETE AND SIGN ALL APPLICATIONS ON BEHALF OF THE CORPORATE OFFICERS OR PARTNERS. OWNER CO-OWNER TITLE _____

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME (LAST) (FIRST) (MI) HOME ADDRESS CITY ZIP HOME PHONE D.O.B.

NAME (LAST) (FIRST) (MI) HOME ADDRESS CITY ZIP HOME PHONE D.O.B.

NAME (LAST) (FIRST) (MI) HOME ADDRESS CITY ZIP HOME PHONE D.O.B.

APPLICANT'S NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH

RESIDENCE ADDRESS CITY ZIP E-MAIL

RESIDENCE PHONE BUSINESS PHONE SOCIAL SECURITY NUMBER CERTIFICATE OF ELEGIBILITY #

MARITAL STATUS ALIAS/MAIDEN NAME SPOUSE'S NAME

DRIVER'S LICENSE NUMBER STATE RACE SEX WEIGHT(lbs) HEIGHT HAIR EYES

US. CITYZEN? NATURALIZED? IMMIGRATION/VISA # DATE EXPIRED
YES NO YES NO

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

THIS FORM IS FOR INTERNAL USE ONLY

PRIVATE AND CONFIDENTIAL

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 WILL HAVE ACCESS TO THE BUSINESS PREMISES DURING BUSINESS HOURS WHICH MAY INCLUDE ENTRY INTO THE NON-PUBLIC PORTION OF THE PREMISES.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE 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 AND THAT I AM SUBJECT TO PROSECUTION PER 11.0401(B) OF THE SAN DIEGO MUNICIPAL CODE. I AM AWARE THAT ALL FEES ARE NON-REFUNDABLE.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO RENEW THE PERMIT **NO LATER THAN 10 DAYS** AFTER THE EXPIRATION DATE. FAILURE TO RENEW ON TIME WILL RESULT IN PENALTY FEES (**\$25 PLUS 10% OF THE REGULATORY FEE**). IF A RENEWAL IS NOT COMPLETED WITH ALL FEES AND PENALTIES PAID WITHIN 30 DAYS AFTER THE PERMIT EXPIRATION DATE, THE PERMIT EXPIRES AND ACTIVITIES ALLOWED BY THE PERMIT MUST CEASE. A PERMITEE MUST THEN BEGIN THE APPLICATION PROCESS AS A NEW APPLICANT (SDMC 33.0308).

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 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.

I AM AWARE THAT I AM RESPONSIBLE FOR SUBMITTING A SUPPLEMENTAL APPLICATION AND LIVE SCAN IMMEDIATELY UPON HIRING NEWEMPLOYEES.

		APPROVED	
Applicant's Signature	Date	DENIED	Date

Fingerprint information submitted on all new and/or rehired employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firearm Dealer Employee applications submitted for all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

POLICE PERMIT APPLICATION – OWNER/OFFICER ADDENDUM



SUBMIT FORM IN PERSON AT:
 OFFICE OF THE CITY TREASURER
 1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101
 (619) 615-1500



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

PERMIT TYPE: _____ BUSINESS TAX CERTIFICATE#: _____

Applicant Title: Partner Corporate Officer Other: _____

Applicant's Full Name: _____
Last First Middle

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

Residence Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Residence Phone #: _____ Cell Phone #: _____

Business Name: _____ Email Address: _____

Social Security #: _____ Place of Birth: _____

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

Business Where Applicant Expects to be Employed

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

1. 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: _____

TYPES OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.		FROM TO	
2.		FROM TO	
3.		FROM TO	

FOR OFFICE USE ONLY

Application Date: _____ Corresponding Permit #: _____ Received by: _____ Live Scan Rec: _____

Records Check: _____ RI01 OK or: _____

Approving Officer: _____ Date: _____

2. 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.		

3. List all criminal convictions, excluding infractions. 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			

*For additional info in any section, please use separate sheet(s).

APPLICANTS: It is the responsibility of the permit holder to renew the permit no later than fifteen (15) calendar days after the expiration date on the permit. Failure to renew on time will result in a penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within the following calendar month after the due date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. Any outstanding balance (PD or Business Tax fees) may be referred to our Delinquent Accounts Program.

A police permit is required for any person or entity engaged in any occupation or business deemed to be police regulated, as set forth in Chapter 3, Article 3 of the San Diego Municipal Code, <http://www.sandiego.gov/city-clerk/officialdocs/legisdocs/muni.shtml>. Under penalty of perjury, applicant understands and agrees: To abide by all federal, state, and local laws; Applicant consents to inspection by the Chief of Police per SDMC § 33.0103; Applicant is aware the investigation fee is non-refundable per SDMC § 33.0307; Applications must be complete and truthful; Applicant will not willfully make a false statement or fail to report any material fact in the application per SDMC § 11.0401(b); Any changed circumstance which would have been grounds for denial of the application is grounds for denying a renewal application; Failure to disclose any material circumstance, whether or not such circumstance would have been grounds for denial, is grounds for denying a renewal permit.

To review Grounds for Denial, please refer to SDMC §33.0305 of the San Diego Municipal Code or specific industry code sections which may be accessed at the web address referenced above.

 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



REQUEST FOR LIVE SCAN SERVICE
(Secondhand Dealer/Pawnbroker)

Applicant Submission

CAD349400
ORI (Code assigned by DOJ) _____

Secondhand Dealer Pawnbroker

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned) _____

LICENSE
Authorized Applicant Type _____

Contributing Agency Information:

DEPARTMENT OF JUSTICE
Agency Authorized to Receive Criminal Record Information _____

P.O. BOX 903387
Street Address of P.O. Box _____

SACRAMENTO CA 94203-3870
City State ZIP Code _____

05467
Mail Code (five-digit code assigned by DOJ) _____

SHDPB UNIT
Contact Name (mandatory for all school submissions) _____

Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Driver's License Number _____

Billing Number BIL - Applicant to pay at Site (Agency Billing Number) _____

Misc. Number (Other Identification Number) _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

N/A
Employer Name _____

N/A
Street Address or P.O. Box _____

N/A
City _____ State _____ ZIP Code _____

N/A
Mail Code (five digit code assigned by DOJ) _____

N/A
Telephone Number (optional) _____

Live Scan Transaction Completed By _____

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

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 Avenue
Chula Vista, CA 91911
Contact: (619) 409-5954
M - F, 8am-12pm, **Appointments Only**
M - F, 1pm-4pm, **Appointments Only**
www.chulavistapd.org

LA MESA

La Mesa Police Department
8085 University Avenue
La Mesa, CA 91942
Contact: (619) 667-7592
M - F, 9am - 430pm
Appointments/Walk-In
***Hours may vary. Call to confirm.**

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, 730am-5pm, **Walk-In**
F, 8am - 12pm, **Walk-In**