



## SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING



### PEEP BOOTH 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 Peep Show establishments. Copies of the Peep Show Establishment 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: <https://www.sandiego.gov/city-clerk/officialdocs/municipal-code>.

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 THE ABOVE MENTIONED POLICE PERMIT**

#### **INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED**

- **NOTE:** The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by the City of San Diego, State, or Federal law. The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable Local, State, and Federal laws, including those related to building, zoning, fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your business and to establish that your business location is suitable, it is **strongly recommended** that you first obtain the following:
  - o [ZONING APPROVAL](#) – This can be obtained from the City of San Diego Development Services, 1222 First Avenue, 3rd Floor, San Diego, CA 92101, Telephone No.: (619) 446-5000.
- [POLICE PERMIT APPLICATION](#) - Fill out the application completely. Only one of the owner/officers must complete the Police Permit Application. A criminal records check will be made on the applicant. A 30-day investigation period begins at the time the complete application is submitted.
- [BUSINESS ADDENDUM](#) - Each additional corporate officer or partner is deemed an applicant and must complete a Business Addendum application. 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, sign and submit all applications on behalf of the corporate officers and partners. A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application package is submitted.
- [LIVE SCAN FINGERPRINTS](#) – **Required** for all new applicants. The San Diego Municipal Code states Fingerprints must be taken by a Governmental Agency. See attached list of locations. Fill out the attached "Request for Live Scan Service" form and bring it with you to a Live Scan agency. Return your completed application to the Office of the City Treasurer so your application can be processed. **The completed "Request for Live Scan Service" form is valid for only thirty (30) days from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- [BUSINESS TAX CERTIFICATE](#) – City of San Diego Business Tax Certificates can be obtained from the City Treasurer's Office located at 1200 Third Avenue, 1st Floor, San Diego, CA 92101, Telephone No.: (619) 615-1500.
- [CORPORATE ARTICLES, LIMITED PARTNERSHIP DOCS, OR FICTITIOUS BUSINESS NAME STATEMENT](#)– Applicable documentation as filed with State of California and/or County of San Diego.
- [LEASE OR RENTAL AGREEMENT](#) - A copy of your lease or rental agreement and amendments for the property where the business is to be conducted.
- [IDENTIFICATION](#) – A valid Government issued photo identification card (i.e. driver's license or military ID).
- [FEES](#) – Cash, checks, and credit cards are accepted. Please make checks, money orders, and cashier's checks payable to the **City Treasurer**.

In addition to the annual PD Regulatory fee, all new and renewal permits are assessed a non-refundable Application Fee\*. The application fee consists of a \$24 investigative fee (background review) per owner/officer and a \$63 administrative fee (\$59 at the time of renewal).

**\$397.00 per booth - Regulatory Permit Fee**

**\$87.00 - \*Application Fee**

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**\$484.00 – Total**



# POLICE PERMIT APPLICATION

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



PERMIT TYPE: \_\_\_\_\_ BUSINESS TAX CERTIFICATE #: \_\_\_\_\_

Ownership Type

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other \_\_\_\_\_

*Applicable to Entertainment Industry Only*

**LIVE ENTERTAINMENT:**

AGE GROUP EXPECTED ATTENDANCE \_\_\_\_\_  
18 and UP ☐ 0 - 49 persons ☐  
21 and UP ☐ 50 or more persons ☐

**CIRCLE WHICHEVER APPLIES**

DANCING KARAOKE LIVE BAND D.J. OTHER

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

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

Other Names (Maiden, Alias, Etc.): \_\_\_\_\_ Stage Name (A/E): \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City/State/Country

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Business Where Applicant Expects to be Employed (Applicable to Adult Entertainers, Massage, HHP, Escorts, Tobacco Retailers, Peep Shows):

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

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

	FICTITIOUS NAME	PHONE #
1		
2		
3		

**FOR OFFICE USE ONLY**

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_  
Initials/ID #

☐ RI01 ok or \_\_\_\_\_

Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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, DIRECTOR, OR PARTNER (INCLUDING LIMITED PARTNERS):

(ADDITIONAL OWNERS/OFFICERS MUST COMPLETE OWNER/OFFICER ADDENDUM)

NAME	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 #

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:*** \_\_\_\_\_

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.			From To	
2.			From To	
3.			From To	
4.			From To	
5.			From To	

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, 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, including convictions in another state and those under appeal. Include pleading of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere* or no contest. Expunged convictions must be listed per California Penal Code section 1203.4(a). Infractions are excluded.

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1.			
2.			
3.			
4.			

\*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.

**INITIAL HERE:** \_\_\_\_\_

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; Consent to inspection by the Chief of Police per SDMC § 33.0103; 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.

**INITIAL HERE:** \_\_\_\_\_

To review grounds for denial, please refer to Municipal Code section 33.0305. Municipal Code or specific industry code sections 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**



# 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 denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

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\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

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**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: CA0371100 Type of Application: Permits and Licensing  
Code assigned by DOJ  
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

California

State

92112-1431

Zip Code

( 619 ) 531-2250

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

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.)

Level of Service: ☒ DOJ ☒ FBI

If resubmission, list Original ATI  
Number: \_\_\_\_\_

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

# 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

Monday & Wednesday 2:00 p.m.- 4:00 p.m., **Appointments Only**

Friday 9:00 a.m. -11:30 a.m. **Appointments Only**

[www.chulavistapd.org](http://www.chulavistapd.org)

### **SAN DIEGO – LSID X54/ML1**

San Diego Community College Police

1536 Frazee Road, 1st Floor

San Diego, CA 92108

Contact: (619) 388-6416

Monday – Friday, 8:00 a.m. – 4:00 p.m., **Appointments Only**

### **LA MESA**

La Mesa Police Department

8085 University Avenue

La Mesa, CA 91942

Contact: (619) 667-7592

Monday – Friday, 9:00 a.m. – 4:30 p.m. **Appointments/Walk-In**

**\*Hours may vary. Call to confirm.**