



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING

SECOND HAND DEALER – TANGIBLE PROPERTY INFO SHEET



San Diego Municipal Code, Section 33.0101(c), requires the applicant to 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 Secondhand Dealers. Copies of the Second Hand Dealer 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: <http://www.sandiego.gov> (Department, City Clerk, Documents, Municipal Code), [SDMC Chapter 3, Article 3, Division 1-5, and Division 11](#).

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 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:
 - [ZONING APPROVAL](#) - This can be obtained from the City of San Diego Development Services, located at: 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. Fill out the attached "Request for Live Scan Service" form (DOJ version) and bring it with you to a Live Scan agency (See attached list of locations). 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. *You must complete both Live Scan forms (SDPD & DOJ)*

- [RULES AND REGULATIONS](#) - Please review, sign, and date.
- [BUSINESS TAX CERTIFICATE](#) – May be obtained from the City Treasurer’s Office located at: 1200 Third Avenue, 1st Floor, San Diego, CA 92101, Tel. No.: (619) 615-1500.
- [IDENTIFICATION](#) - A valid Govt. issued photo identification card (i.e. driver’s license or military ID).
- [CORPORATE ARTICLES, LIMITED PARTNERSHIP DOCS, OR FICTITIOUS BUSINESS NAME STATEMENT](#) - Applicable documentation as filed with State of California and/or County of San Diego.
- [STATE APPLICATION](#) - A completed State of California Second Hand Dealer License application must be submitted online at: <https://capss-licensing.doj.ca.gov/public/applications/new?ori=CA0371100>. In addition, a separate business check, money order, or cashier’s check in the amount of \$300.00, made payable to the Department of Justice, must be submitted to the Office of the City Treasurer at time of application.
- [LEASE OR RENTAL AGREEMENT](#) - A copy of your lease or rental agreement and amendments for the property where the business is to be conducted.
- [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 permits are assessed a non-refundable *Application Fee. The application fee consists of a \$15 investigative fee (background review) for one Owner/Officer and a \$44 application fee for new permits (\$39 at time of renewal). Each Owner/Officer applicant will be assessed a \$15.00 investigative fee per background review.

\$346.00 – Regulatory Permit Fee / Second Hand Tangible
\$59.00 - *Application Fee
\$405.00 – 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. | | |

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

**San Diego Police Department
Police Permits & Licensing
Pawnbroker / Secondhand Dealer / Junk Dealer
Rules and Regulations**

**IT IS YOUR RESPONSIBILITY TO BE FAMILIAR AND COMPLY WITH ALL SAN
DIEGO MUNICIPAL AND STATE CODES APPLICABLE TO YOUR POLICE-
REGULATED BUSINESS.**

I understand the following local and state codes apply to the lawful operation of my business. I also understand how to obtain copies of these laws.

San Diego Municipal Codes can be located on the internet at www.sandiego.gov /(Department, City Clerk, Documents, Municipal Code) SDMC Chapter 3, Article 3, Division 11 and Divisions 1-5)

California Business & Professions Code, Financial Code and Penal Code can be located on the internet at www.leginfo.ca.gov then click onto "California Law".

- San Diego Municipal Codes applicable to pawnbrokers, secondhand dealers and junk dealers. (sections 33.11.01-33.1106)
- Business and Professions Codes applicable to pawnbroker/secondhand dealer (sections 21600-21609, 21625-21647, 475-499)
- Penal Codes applicable to pawnbroker/secondhand dealer (sections 1407-1413, 484.1, 496, 496a, 537e,)
- Instructions for completing the JUS 123 reporting form for pawnbroker/secondhand dealer. (Included in application packet)

If I have any questions regarding the laws that pertain to my police-regulated business, I understand that I may schedule an interview with a police code compliance officer.

I understand it is my responsibility to become familiar with the laws and regulations governing the operation of a pawnbroker/secondhand dealer. Any further questions may be directed to the Police Permits & Licensing Unit at (619) 531-2250.

Signature_____

Date_____

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 OPERATOR - PLEASE USE 90008 - FINGERPRINT ONLY



STATE OF CALIFORNIA
BCIA 80168HDPB
(orig. 04/2001; rev. 05/2013)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE (Secondhand Dealer/Pawnbroker)

Applicant Submission

| | | |
|--|----------------|---|
| CA0349400 | | LICENSE |
| ORI (Code assigned by DOJ) | | Authorized Applicant Type |
| <input type="checkbox"/> Secondhand Dealer <input type="checkbox"/> Pawnbroker | | |
| Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned) | | |
| Contributing Agency Information: | | |
| DEPARTMENT OF JUSTICE | | 05467 |
| Agency Authorized to Receive Criminal Record Information | | Mail Code (five-digit code assigned by DOJ) |
| P.O. BOX 903387 | | SHDPB UNIT |
| Street Address or P.O. Box | | Contact Name (mandatory for all school submissions) |
| SACRAMENTO | CA 94203-3870 | |
| City | State ZIP Code | Contact Telephone Number |

Applicant Information:

| | | | | |
|---|---|--|---|----------|
| Last Name | | First Name | Middle Initial | Suffix |
| Other Name (AKA or Alias) Last | | First | Suffix | |
| Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Driver's License Number | | |
| Height | Weight | Eye Color | Hair Color | |
| Place of Birth (State or Country) | Social Security Number | | Billing Number BIL - Applicant to pay at Site (Agency Billing Number) | |
| Home Address Street Address or P.O. Box | | Misc. Number (Other Identification Number) | | |
| | | City | State | ZIP Code |

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**