



**City of
Santa Monica**

Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

POLICE PERMIT APPLICATION

OFFICIAL USE ONLY

BL #: _____

Fees Paid: \$ _____

Paid By:
 Ca. Ck # _____ AMEX
 Visa Disc. MC Web

Date Paid: _____

Processed by: _____

Complete this form if your business type or activity is one of the following:
 Entertainment in a bar or restaurant · Firearms Dealers · Massage ·
 Pawn Brokers · Secondhand Dealers · Tow Truck Operators

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name: _____ DBA (if applicable): _____

Business Physical Address: _____
Number Street Unit/Suite # City State Zip

OWNER/OFFICER INFORMATION (ALL FIELDS REQUIRED)

First Name: _____ Last Name: _____

Contact Number: _____ Cell Phone: _____ Email: _____

Driver's License Number: _____ State: _____ Exp. Date: _____

I have resided in California for _____ years, in Los Angeles County for _____ years.

Date of Birth:	Month		Day		Year			Sex		Hair Color	Eye Color	Height		Weight
								<input type="checkbox"/> M <input type="checkbox"/> F				ft.	in.	lbs.

CRIMINAL RECORD

Have you been arrested for a crime in the last seven years, which resulted in conviction or plea of nolo contendere (no contest)? Yes No

If yes, enter the information below; if you need more room please attach a separate sheet:

Date	City	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

During the past three years my employment has been (enter employer name, address & dates of employment):

Business Name	Business Street Address	Unit #	City	Stat	Zip	Dates of Employment
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Complete next page

SANTA MONICA BUSINESS LICENSE APPLICATION — POLICE PERMIT

