

Business Name

Business Street Address

Unit #

Revenue Division PO Box 2200

OFFICIAL USE ONLY								
BL #:								
Fees Paid: \$								
Paid By	/:							
□Vis	a Disc. MC Web							
Date P	aid:							
Proces	sed by:							

Santa Monica, CA 90407-2200					POLICE PERMIT APPLICATION									Paid By: Ca. Ck # AMEX Visa Disc. MC Web				
P: 310-458-8745 • F: 310-451-3283 E: business.license@santamonica.gov W: santamonica.gov/businesslicense																		
Complete this form if your business type or					or acti	activity is one of the following:												
							restaurant · Firearms Dealers · Massage ·								Date Paid: Processed by:			
	F	Pawn B	rokers		Second	dhand	Deale	ers	· Tow Tri	uck Ope	rators							
BUSINESS EN	TITY	INFC	DRMA	ATIC	ON (A	LL FIE	LDS R	EQU	IIRED)									
Legal Business Name:									DBA (i)	f applicab	le):							
Business Physical Address:																		
Number										Unit/Suite # City				State	Zip			
OWNER/OFF	ICER	INFC)RM	ATIC	ON (A	LL FIE	LDS R	EQU	IRED)									
First Name:						Last Name:							1					
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:	Мо	Month		Day		Yea	ir		Se	к	Hair	ir Color	Eye Color		Height	Weight		
Date of Birtii.									□ M	□F					ft. in.		lbs.	
CRIMINAL RE	COR	D																
Have you been ar	rested	for a	crime i	n the	last s	even	years,	whi	ch resulte	d in con	viction	or plea of	nolo conten	dere	(no contest)?	□ Yes	□ No	
If yes, enter the ir	nforma	ition b	elow; i	f you	need	more	room	plea	ase attach	n a separ	ate she	et:						
Date				City					Charge			Disposition						
 Date					City					Charge			Disposition					
Date					City					Charge			Disposition					
Date City				City					Charge			Disposition						
EMPLOYMEN	IT HIS	STOR	RΥ															
During the past th	ree ye	ears my	y empl	oyme	ent ha	s beer	n (ente	er er	nployer n	ame, ad	dress &	dates of	employment	t):				
Business Name Business Street Address			ss Unit#			•	City		Stat 2	Zip Dates of		of Employ	Employment					
Business Name Business			ss Street	s Street Address Un			nit#	(City St			Zip Dates of Employment			ment			
Business Name Business			ss Street	s Street Address Unit				City Sta			Stat 2	Zip	Dates of Employment					

Complete next page

Zip

City

Dates of Employment

ion	SANTA MONICA BUSINESS LICENSE APPLICATION—POLICE PERMIT
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BUSINESS ACTIVITY (REQUIRED)								
Please designate the type of business you intend to engage in at the address listed above:								
☐ Entertainment in bar, night club or restaurant	☐ Pawnbroker							
☐ Firearm Sales	☐ Tow Truck Operator							
□ Massage	☐ Secondhand Dealer							
Please describe in detail your business activity to be conducted in the City of Santa Monica:								
ACKNOWLEDGEMENT AND CONFIRMATION								
By signing below, I authorize officers of the Santa Monica Police Department to conduct an investigation concerning my reputation and background. Furthermore, I understand the laws pertaining to this business and agree to conduct this business in strict compliance with these laws. I will keep up to date records which will be available for inspection by Police Officers at all times. I certify under penalty of perjury that the foregoing is true and correct.								
	Print Name	 						
-								
	FICIAL USE ONLY							
Police Permit Review Approved	□ Denied	Date:						
Reviewing Officer Name:	Signature:							