

## PERMIT FOR CERTAIN BUSINESSES OR ACTIVITIES TEHACHAPI POLICE DEPARTMENT

**APPLICATION TO BE FILED AT LEAST 30 DAYS PRIOR TO DAY OF OPERATION OR ACTIVITY**

- Check Appropriate One:**
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alarm Companies   | <input type="checkbox"/> Bath/Massage Estab.      | <input type="checkbox"/> Junk Collector/Junkyard  | <input type="checkbox"/> Swap Meets         |
| <input type="checkbox"/> Adult bookstores  | <input type="checkbox"/> Carnivals                | <input type="checkbox"/> Pawn Brokers             | <input type="checkbox"/> Taxicab Companies  |
| <input type="checkbox"/> Amusement Devices | <input type="checkbox"/> Charitable Solicitations | <input type="checkbox"/> Peddlers                 | <input type="checkbox"/> Teenage Nightclubs |
| <input type="checkbox"/> Amusement Rides   | <input type="checkbox"/> Handbill Distributors    | <input type="checkbox"/> Street/Itinerant Vendors |   |

**Applicant** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

**Fictitious Name** \_\_\_\_\_ **State License Issued** \_\_\_\_\_  
(if any)

**Home Address** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

\_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name of Business** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Business Address** \_\_\_\_\_  Male  Female

\_\_\_\_\_ **Color of Hair** \_\_\_\_\_

**Home Phone No.** ( ) \_\_\_\_\_ **Color of Eyes** \_\_\_\_\_

**Bus. Phone No.** ( ) \_\_\_\_\_ **Height** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Weight** \_\_\_\_\_

**ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary**

<b>Owner Name</b> _____	<b>Title</b> _____	<b>Phone ( )</b> _____
<b>Home Address</b> _____		<b>Cell Phone ( )</b> _____
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____

<b>Owner Name</b> _____	<b>Title</b> _____	<b>Phone ( )</b> _____
<b>Home Address</b> _____		<b>Cell Phone ( )</b> _____
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____

**GENERAL INFORMATION:**

**Description of Business** \_\_\_\_\_ **Equipment Used in Business** \_\_\_\_\_

\_\_\_\_\_

**Vehicle Propose to Use** \_\_\_\_\_ **Number of Vehicles** \_\_\_\_\_

**Registered Owner** \_\_\_\_\_ **Make** \_\_\_\_\_ **Color** \_\_\_\_\_ **Body Type** \_\_\_\_\_

\_\_\_\_\_ **License No(s)** \_\_\_\_\_

**Arrests and Convictions, if any** (including moving vehicle violations of \$25.00 or more) \_\_\_\_\_

\_\_\_\_\_

**Insurance Carrier or Bonding Company** (if required) \_\_\_\_\_

\_\_\_\_\_

**Training or Education** \_\_\_\_\_

- Initial Permit Fee** \$25.00 year
- Renewal Fee** \$10.00 year
- Fingerprinting Fee** \$32.00
- Employee Permit**
- Original** \$10.00
- Renewal** \$ 5.00

**Length of Time Permit is Requested**

\_\_\_\_\_

**I HEREBY CERTIFY that the statements made are to the best of my knowledge and made in good faith.**

\_\_\_\_\_  
**Signature and Title** (Owner, Partner, Agent) Date