

City Clearance Required		Grey area for Office use only	Account No.	
Fire _____	Risk Mgt _____		Permit Type _____	Deposit _____
Police _____	Other _____	City of San Jose		
Planng _____		Finance Department		
Code Enf. _____		Treasury Division		
		Regulatory Permit Application		
		(408) 535-7055		
		Prior _____	Initial _____	
		Current _____	Total Due _____	
		Penalty _____	Original _____	Renewal _____

Owners name (Last/First/M.I.) _____

Business Name _____ **Residence Phone** _____ **Day Phone** _____

Residence Address _____ **City** _____ **State** _____ **Zip Code** _____

Business Address _____ **City** _____ **State** _____ **Zip Code** _____

Date of Birth _____ **SSN** _____ **Drivers License No** _____ **State** _____

Height _____ **Weight** _____ **Hair** _____ **Eyes** _____

Has any previous City Permit or State Permit or License been suspended or revoked? Yes No

If so, when where and for what? _____

Have you ever been convicted of a crime? Yes No **Citizen of what country** _____

Have you ever been arrested for a crime? Yes No **Resident Alien No.** _____ **EXP date** _____

Is the case still pending in court? Yes No

If so, when where and for what? _____

Amusement Device

Operator (Owns device) Location Owner (Owns business / device) Exhibitor

Approximate net leasable space (Not storage) _____ SQ. FT.

Indicate number for each type of device:

Pool / Billiard tables (Not operated by Token or coin) _____ Pool / Billiard tables (Operated by Token or coin) _____

Pin Ball Machines _____ Video Machines _____ Other _____

Name & address of owner of devices from whom you will rent or lease _____

Operators attach a list of names and addresses of Businesses at each location and number of devices at each location

Christmas Tree Lot **Pumpkin Patch**

Lot location _____

Circus **Carnival** **Held on Private Property** **Held on Public Property** **Dates of Events** _____ **Hours** _____

Organization _____

Contact person _____ **Phone** _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Event Location _____

Vendor supplying rides / games _____

Business Address _____ **City** _____ **State** _____ **Zip Code** _____ **Phone** _____

Handbill Distributor **Curb Painter**

Start date of Handbill distribution / Curb Paiting _____ I have received the Objectors List Yes No

Peddler (May not vend from one spot for more than 15 minutes)

Product sold _____ **County Health Permit n No.** _____ **Expiration Date** _____

Second Hand Dealer

Do you intend to buy, sell, trade or take in pawn property for sale on consignment:

1. Jewellery, sterling silver, utensils, precious metals, gems, coins or coin collections? Yes No

2. Items with serial numbers, inscriptions or initials? Yes No

I certify under penalty of perjury, that all information provided hereon is true and correct.

Applicants Signature _____ **Date** _____