

City Clearance Required		Grey area for Office use only		Account No.	
Fire _____	Risk Mgt _____	City of San Jose Finance Department Treasury Division Regulatory Permit Application (408) 535-7055		Permit Type _____	Deposit _____
Police _____	Other _____			Start Date _____	Peddler Loc No. _____
Planng _____				Prior _____	Intial _____
Code Enf. _____				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

Organization	Dates of Events	Hours
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 _____