CITY OF VENTURA | POLICE DEPARTMENT

PERMIT APPLICATION

1425 Dowell Drive, Ventura, Ca 93003-7361 • www.venturapd.org

TYPE OF ACCOUNT: ☐ NEW ☐ RENEWAL

TYPE OF REGISTRATION: ☐ SOLICITOR ☐ SECOND HAND DEALER ☐ CARD CLUB ☐ SECURITY PATROL ☐ CANNABIS ☐ MASSAGE TECHNICIAN ☐ OTHER _____

APPLICANT # _____

NAME LAST FIRST MIDDLE					CELL	
AKA(S)			EMAIL ADDRESS			
HOME ADDRESS STREET			CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)						
BIRTHPLACE	STATE		COUNTRY		U.S. CITIZEN ☐ YES ☐ NO	
BIRTHDATE	AGE	SEX	RACE	HGT	WGT	HAIR	EYES
DRIVERS LICENSE NUMBER			STATE		SOCIAL SECURITY NUMBER	

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE? (INCLUDING MISDEMEANOR CITATIONS, ANY EXPUNGED CONVICTIONS AS WELL, PER 19859 B&P.) ☐ YES ☐ NO **IF YES, ANSWER THE FOLLOWING (USE BACK OF FORM IF NECESSARY)**

1. DATE OF ARREST	ARRESTING AGENCY	CHARGE(S)
DISPOSITION		
2. DATE OF ARREST	ARRESTING AGENCY	CHARGE(S)
DISPOSITION		
3. DATE OF ARREST	ARRESTING AGENCY	CHARGE(S)
DISPOSITION		

NAME OF BUSINESS	EMPLOYER'S NAME
BUSINESS ADDRESS STREET CITY STATE ZIP	BUS. PHONE
TYPE OF BUSINESS	PRODUCT/SERVICE

I hereby certify that the information above is true and correct to the best of my knowledge. I am aware that if any of the above statements are false it will be justification for denial of this permit or license.

_____ _____

SIGNATURE OF APPLICANT DATE

OFFICE USE ONLY ☐ APPROVED ☐ DENIED

FEE PAID $_____ ☐ LIVE SCAN ☐ FINGERPRINTS ☐ PHOTOS DATE_____

PROCESSED BY:_____ SIGNATURE_____