

Bus Lic Tax Acct # \_\_\_\_\_

Control \_\_\_\_\_



**Office Use Only:**

<input type="checkbox"/> Cannabis Dispensary Emp Peddler	<input type="checkbox"/> Cannabis Dispensary Owner
<input type="checkbox"/> Solicitor	<input type="checkbox"/> Funeral Escort
<input type="checkbox"/> Taxi Cab Driver	<input type="checkbox"/> Bingo
<input type="checkbox"/> Ice Cream Vendor	<input type="checkbox"/> Transient Photographer
<input type="checkbox"/> Card Room Employee	<input type="checkbox"/> Motorized Food Wagon Vendor
<input type="checkbox"/> Massage Technician	<input type="checkbox"/> Card Room Owner
<input type="checkbox"/> Non Emergency Transport	<input type="checkbox"/> Massage Owner

**POLICE CLEARANCE APPLICATION  
CHIEF OF POLICE  
CITY OF STOCKTON, CALIFORNIA**

P # \_\_\_\_\_ Exp: \_\_\_\_\_  New  Renewal  
 Appointment Date/Time: \_\_\_\_\_  
 Location: 22 E Weber Ave (Center St Entrance)  
 To Reschedule Call 209-937-8313

**INDIVIDUAL INFORMATION REQUIRED FOR CLEARANCE - APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED**  
 In applying for a license in the City of Stockton, I offer the following information regarding myself:

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
 LAST FIRST MIDDLE

A.K.A.(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: M F EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

(CHECK ONE) MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SEPARATED: \_\_\_\_\_

DRIVER'S LICENSE NUMBER OR IDENTIFICATION NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

COMPANY NAME	ADDRESS	CITY	STATE	COUNTRY
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**REFERENCES:**

NAME	ADDRESS	CITY	STATE	ZIP
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

RECORD OF ARRESTS (If none, initial here \_\_\_\_\_)

DATE OF ARREST	LOCATION OF ARREST	CHARGE(S)

**IMPORTANT NOTICE:** I declare under penalty of perjury that the statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial or revocation of the Regulatory work permit. I also understand I will be fingerprinted upon my initial application and will be photographed annually. I am aware that all fees associated with this application are non-refundable.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE SIGNED