### PERMIT APPLICATION

**Type of Permit:**
- [ ] New Application
- [ ] Renewal: Old #
- [ ] Amendment
- [ ] Adding Partners to Existing Permit #

**Date:**
- [ ] Amendment
- [ ] Adding Partners to Existing Permit

**Receipt No:**

### Part 1: Please Print Clearly – Complete Entire Front Side

#### Applicant’s Name
- Last: [ ]
- First: [ ]
- Middle: [ ]

#### Residence Address
- Number: [ ]
- Street: [ ]
- Apt #: [ ]
- City: [ ]
- State: [ ]
- Zip: [ ]

#### Race (Optional)
- [ ]

#### Sex
- [ ]

#### Height
- [ ]

#### Weight
- [ ]

#### Eye Color
- [ ]

#### Hair Color
- [ ]

#### Date of Birth
- [ ]

#### Place of Birth
- [ ]

#### Driver’s License Number and State
- [ ]

#### Social Security Number
- [ ]

#### Any Other Names(s) Used
- [ ]

#### Mailing Address (if different than residence)
- Number: [ ]
- Street: [ ]
- Apt #: [ ]
- City: [ ]
- State: [ ]
- Zip: [ ]

#### Business Name / Employed By / Name of Organization
- [ ]

#### Business Address
- Number: [ ]
- Street: [ ]
- Apt #: [ ]
- City: [ ]
- State: [ ]
- Zip: [ ]

#### If Corporation, give name
- [ ]

#### Date and Place of Incorporation
- [ ]

#### Business Phone
- [ ]

#### List your residences for the last five years. (Use additional form, if necessary)
- From Date: [ ]
- To Date: [ ]
- Address Resided At: [ ]

#### List your employment for the last five years. (Use additional form, if necessary)
- From Date: [ ]
- To Date: [ ]
- Company Name: [ ]
- Company Address: [ ]
- Type of Work: [ ]

#### Have you ever been convicted of, or plead guilty or No Contest to any crime?
- [ ] Yes
- [ ] No

*If yes, provide the information required below. Use additional forms if necessary.*

- **Failure to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.**

#### Offense
- [ ]

#### Date
- [ ]

#### Place of Arrest
- [ ]

#### Disposition
- [ ]

Complete Reverse Side As Required
Part 2: Driver of Public Vehicle

Is your eyesight impaired? □ Yes □ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? □ Yes □ No

Have you ever had: Epilepsy □ Yes □ No Vertigo □ Yes □ No Heart Trouble □ Yes □ No

Do you have any physical impairments? □ Yes □ No If yes, describe the impairment:

Are you now, or have you ever been, addicted to the use of Intoxicating liquor? □ Yes □ No
Any Narcotic Drug? □ Yes □ No

Were you previously licensed as a taxi driver or chauffeur? □ Yes □ No
If yes, has the license been revoked? □ Yes □ No
If yes, for what cause? Explain:

Part 3: Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center

These permits do not include jukeboxes

Total number of devices, subject to permit, to be placed, maintained, or operated: ____________________________

Warrants

What type of business, if any, is now operated at the place where said devices are to be placed, maintained, or operated?

Give a complete description of each device to be operated: No. of Pinball Machines: ________ No. of Video Games: ________ No. of Pooltables: ________

No. of other devices (describe):

Give the name of the company, corporation, or individual from whom the machines are being rented. If self-owned, state so:

Part 4: Additional Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center

These permits do not include jukeboxes

How many devices do you have on the premises now: No. of Pinball Machines: ________ No. of Video Games: ________ No. of Pooltables: ________

No. of other devices (describe):

How many devices are to be added by this application: No. of Pinball Machines: ________ No. of Video Games: ________ No. of Pooltables: ________

No. of other devices (describe):

Part 5: Acknowledgement and Declaration

I, ________________________________, understand that there may be sections of the San Francisco Municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, and legal bookstores. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

Date: __________________________ Signature of Applicant: __________________________

Office Use Only

Hearing Date

Received By
Temp. Issued By
Class Date