

San Francisco Police Department

PERMIT APPLICATION

Type of Permit: _____

New Application Renewal: Old # _____

Date: _____

Amendment

Receipt No: _____

Adding Partners to Existing Permit # _____

Part 1: Please Print Clearly – Complete Entire Front Side

Applicant's Name				Residence Address				Residence Phone
Last	First	Middle	Number	Street	Apt #	City	State	Zip

Race <small>(Optional)</small>	Sex	Height	Weight	Eye Color	Hair Color	Date of Birth	Place of Birth
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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
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List your residences for the last five years. (Use additional form, if necessary)

From Date	To Date	Address Resided At (Number, Street Name, City)

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
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Complete Reverse Side As Required

Part 2: Driver of Public Vehicle				
Is your eyesight impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.		Is your hearing impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had: Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No		Vertigo <input type="checkbox"/> Yes <input type="checkbox"/> No		Heart Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any physical impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the impairment:		
Are you now, or have you ever been, addicted to the use of Intoxicating liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No			Any Narcotic Drug? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you previously licensed as a taxi driver or chauffeur? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, has the license been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for what cause? Explain:
Part 3: Mechanical Amusement Device, Billiard Parlor, or Family Recreation Center <i>These permits do not include jukeboxes</i>				Office Use Only
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 <i>These permits do not include jukeboxes</i>				
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				
<p>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.</p>				
Date: _____		Signature of Applicant: _____		
Office Use Only				
Hearing Date	Received By	Temp. Issued By	Class Date	