

NOTE: READ INSTRUCTIONS PRIOR TO COMPLETING THIS FORM

INSTRUCTIONS:

1. SOLE PROPRIETOR APPLICANT: COMPLETE SECTION A & E
2. CORPORATE APPLICANT: COMPLETE SECTION A, B, D, & E
3. PARTNERSHIP APPLICANT: COMPLETE SECTION A, C, D, & E

LETTER OF INTENT FORM

SAN FRANCISCO POLICE DEPARTMENT

DATE

TYPE OF PERMIT(S)

SECTION A

APPLICANT'S NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE
BUSINESS NAME	BUSINESS ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	BUSINESS PHONE

PHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 9:00 A.M. AND 5:00 P.M. _____

NAMES AND ADDRESS OF PERSONS WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES:

NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE
NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE
NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE

NAME AND ADDRESS OF PERSON AUTHORIZED TO ACCEPT SERVICE OF PROCESS:

NAME LAST FIRST MIDDLE	MAILING ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE
PREMISES <input type="checkbox"/> LEASED <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	NAME AND ADDRESS OF OWNER

SECTION B

NAMES AND ADDRESS OF OFFICERS AND / OR DIRECTORS OF THE CORPORATION : (USE ADDITIONAL SHEET IF NECESSARY)

CORPORATE TITLE	NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE
CORPORATE TITLE	NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE
CORPORATE TITLE	NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE
CORPORATE TITLE	NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE

SECTION C

IF A PARTNERSHIP, GIVE NAMES AND ADDRESSES OF ALL PARTNERS:

NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE
NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE
NAME LAST FIRST MIDDLE	RESIDENCE ADDRESS NUMBER STREET APT # CITY STATE ZIP CODE	RESIDENCE PHONE

SECTION D

HAVE PARTNERS, OFFICERS, DIRECTORS OR OPERATORS OF CORPORATE, EVER BEEN CONVICTED OF ANY CRIME EXCEPT MISDEMEANOR TRAFFIC VIOLATIONS? YES NO

NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE
NAME	CHARGES	DATE & COURT	DISPOSITION OR SENTENCE

SECTION E

DESCRIBE IN DETAIL YOUR PROPOSED BUSINESS OR SPECIFIC ACTIVITY: (INCLUDE IN YOUR DESCRIPTION THE HOURS AND DAYS OF THE PROPOSED BUSINESS, THE SPECIFIC TYPE OF ACTIVITY, THE HOURS AND DAYS OF EACH SPECIFIC ACTIVITY, THE LOCATION IF DIFFERENT FROM THE BUSINESS ADDRESS, TYPE OF ITEMS SOLD, AND ANY SPECIFIC INFORMATION AS REQUIRED BY THE SAN FRANCISCO MUNICIPAL CODE OR STATE OF CALIFORNIA CODES--- WHO? WHAT? WHERE? WHY? WHEN? HOW?)

HAVE YOU EVER HAD A POLICE PERMIT? YES NO IF YES, LOCATION PERMIT USED

TYPE OF PERMIT	DATES PERMIT USED	LOCATION PERMIT USED

DECLARATION

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