

City Clearance Required		Grey area for Office use only City of San Jose Finance Department Treasury Division Regulatory Permit Application (408) 535-7055	Account No. _____	
Fire _____	Risk Mgt _____		Permit Type _____	Deposit _____
Police _____	Other _____	Start Date _____	Peddler Loc No. _____	
Planng _____		Prior _____	Intial _____	
Code Enf. _____		Current _____	Total Due _____	
		Penalty _____	Original _____ Renewal _____	

Owners name (Last/First/M.I.) _____

Business Name _____ **Residence Phone** _____ **Day Phone** _____

Residence Address _____ **City** _____ **State** _____ **Zip Code** _____

Business Address _____ **City** _____ **State** _____ **Zip Code** _____

Date of Birth _____ **SSN** _____ **Drivers License No** _____ **State** _____

Height _____ **Weight** _____ **Hair** _____ **Eyes** _____

Has any previous City Permit or State Permit or License been suspended or revoked? Yes No

If so, when where and for what? _____

Have you ever been convicted of a crime? Yes No **Citizen of what country** _____

Have you ever been arrested for a crime? Yes No **Resident Alien No.** _____ **EXP date** _____

Is the case still pending in court? Yes No

If so, when where and for what? _____

Amusement Device

Operator (Owns device) **Location Owner (Owns business / device)** **Exhibitor**

Approximate net leasable space (Not storage) _____ **SQ. FT.**

Indicate number for each type of device:

Pool / Billiard tables (Not operated by Token or coin) _____ **Pool / Billiard tables (Operated by Token or coin)** _____

Pin Ball Machines _____ **Video Machines** _____ **Other** _____

Name & address of owner of devices from whom you will rent or lease _____

Operators attach a list of names and addresses of Businesses at each location and number of devices at each location

Christmas Tree Lot **Pumpkin Patch**

Lot location _____

<input type="checkbox"/> Circus	<input type="checkbox"/> Carnival	<input type="checkbox"/> Held on Private Property	<input type="checkbox"/> Held on Public Property	Dates of Events	Hours
Organization _____				_____	_____
Contact person _____		Phone _____		_____	_____
Business Address _____				_____	_____
City _____		State _____		Zip Code _____	
Event Location _____				_____	_____
Vendor supplying rides / games _____				_____	_____
Business Address _____		City _____		State _____	Zip Code _____ Phone _____

Handbill Distributor **Curb Painter**

Start date of Handbill distribution / Curb Paiting _____ **I have received the Objectors List** Yes No

Peddler (May not vend from one spot for more than 15 minutes)

Product sold _____ **County Health Permit n No.** _____ **Expiration Date** _____

Second Hand Dealer

Do you intend to buy, sell, trade or take in pawn property for sale on consignment:

1. Jewellery, sterling silver, utensils, precious metals, gems, coins or coin collections? Yes No

2. Items with serial numbers, inscriptions or initials? Yes No

I certify under penalty of perjury, that all information provided hereon is true and correct.

Applicants Signature _____ **Date** _____