

**ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY
SOLICITOR'S PERMIT APPLICANT PERSONAL INFORMATION FORM**

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE NUMBER _____

APPLICANT BUSINESS CAPACITY OR POSITION _____

APPLICANT FULL NAME _____

(LAST)

(FIRST)

(MIDDLE)

OTHER NAMES USED _____

(FORMER, MAIDEN, ETC.)

HOME STREET ADDRESS _____

(NO P.O. BOXES - OR - BUSINESS ADDRESSES)

CITY, STATE, ZIP CODE _____

HOME TELEPHONE NUMBER _____ PLACE OF BIRTH _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____

(INCLUDE STATE NAME IF OTHER THAN CALIFORNIA)

DATE OF BIRTH _____ AGE _____ RACE _____

HT _____ WT _____ HAIR _____ EYES _____

HAVE YOU EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR KIND OF BUSINESS? IF

YES, PLEASE EXPLAIN FULLY _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT -OR- DO YOU HAVE ANY ARRESTS OR CITATIONS PRESENTLY PENDING DISPOSITION? (FELONY, MISDEMEANOR, INFRACTION, COUNTY/MUNICIPAL CODE VIOLATION - INCLUDE ANY CONVICTIONS EXPUNGED VIA 1203.4 PC, NOT INCLUDING COMMON TRAFFIC CITATION OFFENSES) IF YES, PLEASE PROVIDE DATE, ARRESTING AGENCY, NAME CRIME, SENTENCE. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY TO PROVIDE A COMPLETE DISCLOSURE.

I, UNDER PENALTY OF PERJURY, HAVE ANSWERED ALL THESE QUESTIONS COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY INCOMPLETENESS, FALSIFICATION OR MISREPRESENTATION OF ANY FACT MAY RESULT IN THE DENIAL OF THIS APPLICATION OR REVOCATION OF ANY LICENSE ISSUED.

APPLICANT SIGNATURE

DATE

PLEASE ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED (DMV) IDENTIFICATION WITH THIS DOCUMENT.