

## 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 *Social Security Numbers are required as identification for applicants for Public Bath House Employee Permits (2606 MPC), Masseur, Masseuse, or Massage Trainee Permits (2707, 2715 MPC).*

Any other name(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

**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If yes, has the license been revoked?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*

**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**  
*These permits do not include jukeboxes*

How many devices do you have on the premises now:

No. of other devices (describe):

No. of Pinball Machines: \_\_\_\_\_

No. of Video Games: \_\_\_\_\_

No. of Pooltables: \_\_\_\_\_

How many devices are to be added by this application?

No. of other devices (describe):

No. of Pinball Machines: \_\_\_\_\_

No. of Video Games: \_\_\_\_\_

No. of Pooltables: \_\_\_\_\_

**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

Advertised By

Class Date