

ATI #: \_\_\_\_\_  
PHOTO #: \_\_\_\_\_



**EL DORADO SHERIFF'S OFFICE**  
**APPLICATION FOR ITINERANT BUSINESS LICENSE**

- NEW  RENEWAL
- SOLICITOR/SALES  SECONDHAND DEALER / PAWN BROKER
- CHAIN INSTALLER  CARD ROOM WORK PERMIT  FORTUNE TELLING

**\*\* MUST PROVIDE COPY OF BUSINESS LICENSE YOU ARE OPERATING UNDER \*\***  
**\*\* PROHIBITED FROM CONDUCTING BUSINESS ON COUNTY RIGHT-OF-WAYS \*\***

DATE: \_\_\_\_\_

**APPLICANTS NAME:**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ALIAS'S: \_\_\_\_\_

**RESIDENCE ADDRESS:**

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS:**

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: ( ) \_\_\_\_\_ BUSINESS PHONE NUMBER: ( ) \_\_\_\_\_

**PHYSICAL:**

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE: \_\_\_\_\_ HAIR: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ SCARS/MARKS: \_\_\_\_\_

EMPLOYER OR ORGANIZATION: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**ADDRESS:**

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_

ADDRESS:

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW WILL BUSINESS BE CONDUCTED?  DOOR TO DOOR  PARKED VEHICLE  ROADSIDE STAND

PRIVATE PROPERTY: PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION (BE SPECIFIC):

**\*\* ON PRIVATE PROPERTY MUST HAVE TEMPORARY USE PERMIT FROM PLANNING \*\***

DESCRIBE TYPE OF PRODUCT BEING SOLD:

PURPOSE OF SOLICITATION:

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, SPECIFY AND YOU WILL NEED TO PROVIDE COPIES OF REPORTS:

HAVE YOU EVER BEEN ARRESTED?  YES  NO

IF YES, SPECIFY CHARGES, YEAR, ARRESTING AGENCY, AND YOU WILL HAVE TO PROVIDE COPIES OF REPORTS:

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE FACTS ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED MAY BE CONSIDERED TO CAUSE DENIAL OR REVOKE A PERMIT.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**RELEASE AND WAIVER**

I HEREBY AUTHORIZE THE EL DORADO COUNTY SHERIFF TO REQUEST CRIMINAL RECORD INFORMATION ABOUT ME FROM CRIMINAL JUSTICE AGENCIES FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR THIS APPLICATION.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICIAL USE ONLY**

BUSINESS LICENSE       PHOTOGRAPH       FINGERPRINTED  
 LOCAL BKGRD.       CRIM. HIST. RECEIVED  
 DENIED    DATE: \_\_\_\_\_    REASON: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ BY: \_\_\_\_\_