JEFF LEIKAUF

SHERIFF – CORONER – PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

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:** ( ) _____

CELL 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:

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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:** _____

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:** _____

OFFICIAL USE ONLY

☐ **BUSINESS LICENSE**   ☐ **PHOTOGRAPH**   ☐ **FINGERPRINTED**
☐ **LOCAL BKGRD.**   ☐ **CRIM. HIST. RECEIVED**

☐ **DENIED   DATE:** _____ **REASON:** _____

APPROVED: _____ **DATE:** _____

DATE ISSUED: _____ **BY:** _____

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