



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT



POLICE CONTROLLED LICENSE
NEW APPLICANT

TYPE OF LICENSE (PLEASE CIRCLE ONE):

Table with 10 columns: CARD ROOM EMPLOYEE (\$175), FIREARM DEALER (\$365), ICE CREAM VENDOR (\$165), MASSAGE ESTABLISHMENT (\$1,400), MASSAGE TECHNICIAN (\$175), PAWN SHOP EMPLOYEE (\$165), PAWN SHOP OWNER (\$315), SECONDHAND DEALER OWNER (\$315), SOLICITOR/PEDDLER (\$165), TOBACCO RETAILER (\$322)

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: Last First Middle
Residence Address: Street City State Zip
Mailing Address: Street City State Zip
Length of Residence: Email Address:
Home Phone #: Cell Phone #: Work Phone #:
Date of Birth: Place of Birth:
Social Security #: Driver's License #:
Height: Weight: Eye Color: Hair Color: Race: Sex:

LIST OF PREVIOUS RESIDENCE ADDRESSES FOR THE LAST FIVE (5) YEARS: FROM TO
1
2
3
4
5

EMPLOYMENT HISTORY FOR THE LAST FIVE (5) YEARS: REASON FOR CHANGE FROM TO
1
2
3
4
5

BUSINESS WHERE APPLICANT EXPECTS TO BE EMPLOYED:
Business Name: DBA:
Business Address: Street City State Zip

PHOTO FOR OFFICIAL USE ONLY
Application Date: ARJIS:
Received By: LIVE SCAN:
Approved By: Date: SRFERS:
Application Completed By: Date:

