

CITY OF SOLANA BEACH 635 South Highway 101, Solana Beach, CA 92075

APPLICATION FOR SECONDHAND DEALERS PERMIT (renewal) <u>APPLICATION MUST BE SUBMITTED IN PERSON</u>

(858) 720-2403 For Appointment

PLEASE PRINT Name						
All Other Names Used	(First)		(Middle)			
Date of Birth		le 🔲 Place of	Birth			
Height	Weight	Hair	Eyes			
Driver's License <u>No.</u>						
Residence Address						
	Work Phone					
LIST BELOW ALL CHARGES RI Date Charge Inves	ESULTING IN CONVICTION O tigating Agency Dispositi			<u>pation</u>		
Business Name	Phone					
Business Address						
Are you the sole owner of the bus miscellaneous identification she				e the		
Type of articles to be bought or	sold:			a Business		
Do you intend to handle conceala		State color	oormit #			
Will you be buying or selling tar & Professions Code (see below)	igible personal property as de					
Yes 🔲 No 🗖						
All tangible personal propert secondhand dealer.	y, new or used, received in p	ledge as security	or a loan by a pawnbroker o	r		
All property bearing a serial pawnbroker or secondhand o	number, personalized initials, dealer.	or inscription at th	e time it is acquired by a			
All personal property commo	nly sold by secondhand deale	rs which is determ	ined by the Attorney			

General to be frequently stolen including jewelry and sterling silver utensils.

APPLICATION FOR SECONDHAND DEALER PERMIT (Continued)

If answer is yes to any of the three categories described, you will be required to obtain a license from the State.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S. MAIL TO THE ADDRESS GIVEN ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SOLANA BEACH MUNICIPAL CODE PERTAINING TO SECONDHAND DEALERS.

**Certain information provided in this application may be disclosed pursuant to valid requests for public information.

Signature of Applicant

Date

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION: (INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

- 1) Photo Identification (driver's license or state-issued identification card only)
- 2) Fee FEES ARE NONREFUNDABLE

ATTENTION ALL AGENCIES IF APPROVAL GOES PAST THE 30 DAY LIMIT APPLICANT WILL BE REFERRED TO YOUR DEPARTMENT IN CASE OF ANY INQUIRIES.

SHERIFF'S DEPARTMENT	CODE COMPLIANCE/FIRE DEPARTMENT			
Approved Disapproved Reason		Disapproved Date		
PLANNING DEPARTMENT				
Approved 🗅 Disapproved 🗅				
Reason Date:				

Accepted by _____ Date _____



MISCELLANEOUS IDENTIFICATION SHEET

Nama	PLEASE PRINT			
Name(Last)		(First)		(Middle)
All Other Names Used				
Date Of Birth	Sex: Ma	le 🗖 Female 🕻	Place of Birth	
Height	Weight		Hair	Eyes
Driver's License <u>No.</u>	Sta	te	Soc. Sec. No	
Residence Address				
How Long At Address?	Но	ome Phone		Work Phone
Past Two Residence Addresses				
OCCUPATIONS FOR LAST TH Business Name & Address	REE (3) YEARS	Posit	ion	Dates Employed
LIST BELOW ALL CHARGES I	RESULTING IN CO	NVICTION OR F		CONTENDERE:
Date Charge Inves				Released or Placed on Probation
I CERTIFY UNDER PENALTY O TO THE BEST OF MY KNOWLI NOTICES, UNLESS OTHERWI APPLICATION. I HAVE READ A PERTAINING TO THE SUBJECT F **Certain information provided in this applica	EDGE AND BELIEF SE SPECIFIED, S AND UNDERSTAND BUSINESS.	. I UNDERSTAN ENT BY U.S. M THE SECTIONS	D AND AGREE MAIL TO THE A S OF THE SOLA	TO HAVING ALL REQUIRED ADDRESS GIVEN ON THIS
Signature of Applicant:			Date	

- 1) Valid photo identification must be provided.
- 2) Photographs and/or fingerprint cards may be required.