



CITY OF ENCINITAS
 Development Services Department
 505 S. Vulcan Ave
 Encinitas, CA 92024
www.encinitasca.gov
 Phone: 760-633-2708
 Email: permits@encinitasca.gov

SECONDHAND DEALER PERMIT APPLICATION SUPPLEMENTAL

Company Name: _____

Owner(s) of Company*: _____

***Each partner/business associate must complete a Background Application and Authorization to Release Information form.**

Manager Name(s)*: _____

***Each manager must complete a Background Application and Authorization to Release Information form.**

List all fictitious names the business will operate or advertise under:

List the types of merchandise you will be handling:

Will you be receiving goods in pledge as security for a loan as defined in Section 21000 of the Business and Professions Code ? Yes No

Will you be conducting Auto Pawns? Yes No

If yes, provide address of proposed vehicle storage: _____

Will you be accepting sales on consignment? Yes No

Will you be dealing in firearms?? Yes No If yes, you are required to apply for a Firearm Sales Permit

Will you be dealing in "junk", defined in Sec. 1100 of the San Diego County Zoning Ordinance*? Yes No

*Zoning Ordinance of San Diego County, Definitions-Section 1100, DEFINITIONS (J):

Junk means secondhand or used machinery, equipment, appliances, furniture, motor vehicle parts, tires, lumber, rope, bottles, pipe, wire, drums, scrap metal, construction material, packaging material, including items made of or containing wood, metal, paper, plastic, clay, brick, glass, porcelain, rubber, concrete, or other personal property.

By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: _____ Date: _____

Signature: _____