



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

REGULATORY PERMIT BACKGROUND APPLICATION

Each owner, officer, partner, manager, affiliate with vested interest in the business or any type of Solicitor must complete a Background Application.

Type of permit applied for: _____

Affiliation with Business (check one): Owner Officer Partner Manager Other: _____

Name: First: _____ Middle: _____ Last: _____

All other names used (past and present, including maiden name):

Date of Birth: _____ Place of Birth (City, State): _____ Gender: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver's License (State, Number): _____ Social Security Number: _____

Previous Residence (last 5 years; list most recent first):

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you applied for a similar permit in any jurisdiction in the past five years? Yes No

If yes, where: _____

List all charges (misdemeanors & felonies) resulting in conviction or plea of nolo contendere:

DATE	CHARGE	INVESTIGATING AGENCY	DISPOSITION

I hereby certify under penalty of perjury 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: _____