

CITY OF ENCINITAS

Development Services Department 505 S. Vulcan Ave Encinitas, CA 92024

www.encinitasca.gov Phone: 760-633-2708

Email: permits@encinitasca.gov

APPLICATION - BACKGROUND REGULATORY PERMIT

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 ap	plied for:						
Affiliation with Business (check one):		Owner	Officer	Partner	Manager	Other:	
Name: First:	lame: First: Middle		Last:				
All other names u	sed (past and prese	nt, including	g maiden name):			
Date of Birth:	Place o	, State):		Ger	nder:		
Height:	Weight:		Hair Color:		Eye Color		
Driver's License (State, Number):			Social Security Number:				
Previous Resider	nces (last 5 years; lis	t most recei	nt first):				
Address:			City:	State:		Zip:	
Address:			City:	State:		Zip:	
Address:			City:	State:		Zip:	
Address:			City:	State:		Zip:	
Address:			City:	State:		Zip:	
Have you applied If yes, where:	for a similar permit i	n any jurisd	liction in the pa	st five years?	Yes	No	
List all charges (r	nisdemeanors & felo	nies) resulti	ng in conviction	n or plea of nolo co	ontendere:		
DATE	CHARGE	RGE INVES		SATING AGENCY	DIS	DISPOSITION	

I hereby 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 applicatio	n or revocation of the permit. I
acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multi	ple complaints received by the
City may constitute violations of this permit resulting in fines and/or revocation of the permit.	
No	Б. :
Name:	Date: