



PALMDALE

a place to call home

LOCKSMITH PERMIT APPLICATION

Business Name: _____
(If a Corporation, the name shall be as set forth in its Articles of Incorporation)
Business Address: _____
Business Telephone number: _____

Legal Name of Applicant(s): _____
Home address: _____
Home telephone number: _____
California Driver's license number and expiration date: _____
Social security number: _____

If a corporation, the names and addresses of all directors, any stockholder holding ten (10%) percent or more of the shares, and the name and address of an officer who is duly authorized to accept service of legal process. If the applicant is a partnership, the names, addresses and telephone numbers of each general partner. If one of the partners is a corporation, see above requirements.

A full description of the intended business activity and, if a new business, the estimated starting date of such business activity: _____

The names, addresses and telephone numbers of at least two (2) individuals who may be contacted by the City in case of an emergency: _____

I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.

Signature Title Date

Please submit a copy of the Consumer Affairs License Bureau of Security and Investigative Services – Locksmith for each individual licensed by the state.

OFFICE USE ONLY

Received: \$ _____ Date: _____

Receipt: # _____

Los Angeles County Sheriff's Department: _____
Signature Date

Planning Director: _____
Signature Date