



P A L M D A L E

a place to call home

MANAGERS PERMIT APPLICATION

Legal Name of Applicant: _____

(List any other name used by the applicant)

Home address: _____

Home telephone number: _____

California Driver's license number and expiration date: _____

Social security number: _____

Business Name: _____

Business Address: _____

Business Telephone number: _____

Applicant's last two (2) previous addresses: _____

The business, occupation or employment record of the applicant for the last three (3) years: _____

The height, weight, hair and eye color of the applicant: _____

A statement as to whether the applicant has ever been convicted of any crime, misdemeanor or violation of any municipal, state or federal law, except minor traffic violations. The nature of the offenses, and the punishment or penalty assessed therefore: _____

OTHER REQUIREMENTS:

1. Livescan Fingerprinting & Photo to be taken at City of Palmdale Human Resources Department.
2. Los Angeles County Sheriff's Dept Detail Personal Information Form.
3. The endorsement of the owner of the business for which the applicant will be operating as a manager.

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

Signature of Applicant Date

Signature of Business Owner Date

OFFICE USE ONLY

Received: \$ _____ Date: _____

Receipt: # _____ By: _____

Approved () Denied ()

Los Angeles County Sheriff's Department: _____
Signature Date

Director of Planning: _____
Signature Date