

COUNTY OF MONTEREY

MESSAGE BUSINESS PERMIT and OFF PREMISES MESSAGE PERMIT APPLICATION

Applicant Status (check only one)

- | | |
|---|--|
| <input type="checkbox"/> Association
<input type="checkbox"/> Co-Partnership
<input type="checkbox"/> Corporation | <input type="checkbox"/> Firm
<input type="checkbox"/> Individual
<input type="checkbox"/> Joint Venture |
|---|--|

The applicant section of this application must be completed for each co partner of a co-partnership or joint venture; and for each principal officer, director of shareholder of an association or corporation. Any application filed on behalf of a partnership/corporation shall be signed by each of the partners/shareholders.

Name of Business

Business Address
City
State
Zip

Mailing Address
City
State
Zip

Business Phone

Applicant Information:

Last Name First Middle Date of Birth

Residence Address City State Zip

Drivers License State of Issue Expiration Date Social Security Number Residence Phone

United States Citizen: Yes No

Have you ever been convicted of any crime within the past five years? Yes No (If yes, please attach a separate sheet and explain in detail)

List all former employers for the preceding three years beginning with the most recent. (Attach separate sheet if necessary):

Employer	Address	City, State, Zip	From	To
Employer	Address	City, State, Zip	From	To
Employer	Address	City, State, Zip	From	To
Employer	Address	City, State, Zip	From	To

List all former residences for the preceding three years beginning with the most current. (Attach separate sheet if necessary):

Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To
Address	City, State, Zip	From	To

Marital Status: Single Married Separated Divorced

Name of spouse: _____

Last known address of spouse (if different from applicant) _____

Residence Address _____ City, State, Zip _____ Phone _____

Business Address _____ City, State, Zip _____ Phone _____

List any prior permits held by applicant in preceding five years:

Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit
Address	City, State, Zip	Status of permit

If applicant is an individual please submit:

- Copy of school Certificate (showing a minimum of 100 hours)
- Two Passport Size photos
- Copy of Drivers License

I/we understand and agree that any business or activity conducted or operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of the county applicable thereto. I/we understand that any violation of any such laws or regulation in such place of business, or in connection therewith, shall render any permit subject to immediate revocation. I understand that any omission or falsification on this application will be grounds to deny a permit.

I have received a copy of county ordinance Chapter 11.25

Applicant _____ Date _____ Applicant _____ Date _____

Applicant _____ Date _____ Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE SHERIFF OFFICE USE ONLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Application Complete/Signed | <input type="checkbox"/> Photographs | <input type="checkbox"/> Criminal Check (CJIS) |
| <input type="checkbox"/> Fees Paid | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Warrants Check (CLETS) |

Completed by: _____ Date: _____ Permit Number: _____