William D. Gore. Sheriff

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

License Division, 9621 Ridgehaven Court, PO Box 939062 San Diego, CA 92193-9062

MANAGER REGISTRATION APPLICATION

EES: \$105.00 (Annually) (Fees are non-refundable)		FILE #	
 Photo identification (i.e., California Driver's L If not born in U.S. submit permanent residence 			ver Form 5. Fingerprints \$49.00 Photos
Type of business or activity for which you are	applying		
Business Establishment Name		Telephone	
Affiliation with business or title (check one)	[]Owner [] Manager	[] Officer	[] Partner
Name(Last) (First)		_ ()	
(Last) (First) All other names used (Past and present. Includ			-
Date of Birth	Place of Birth		Sex [M] [F]
Date of Birth Height Weight Driver's License No:	Hair	Eyes	
Driver's License No: Residence	State Issued	Soc. Sec. No:	
(Number) (Street) List Previous Residences for Past Five (5) year		(City)	(State) (Zip)
List all charges (misdemeanors & felonies) res Date Charge		nolo contendere:	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 and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Signature of Applicant	Date				
TO BE COMPLETED BY LICENSED EMPLOYER					
BUSINESS LICENSE # EXPIRATION DATE It is my intention to employ this applicant following approval of this application.					
Business Name Telephone					
Business Address					
Employer Signature	Date				
	By				
Comments					