

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION

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



MANAGER REGISTRATION APPLICATION

	FILE #
 Photo identification (i.e., California Driver's License) If not born in U.S. submit permanent residence status, I-94 or U.S Passp 	3. Release & Waiver Form 5. Live Scan \$49.00 ort 4. Two 2"x 2" color photos
Type of business or activity for which you are applying	
Business Establishment Name	Telephone
Affiliation with business or title (check one) [] Owner [] Man	
Name	()
Name(Last) (First) (Middle) All other names used (Past and present. Include maiden name)	Telephone
Date of Birth Place of Birth	Gender
Date of Birth Place of Birth Height Weight Hair Driver's License No: State Issued	Eyes
Driver's License No:State Issued Residence	Soc. Sec. No:
List Previous Residences for Past Five (5) years:	
Date Charge Investigating Age	<u>Disposition</u>
Date Charge Investigating Ages I hereby certify under penalty of perjury that the statements made in a nowledge and belief. I understand that any false statements or informave all the required notices, unless otherwise specified, sent by U.S. is	his application are true and correct to the best of mation are grounds for denial of this application. I a
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