

# PERMIT APPLICATION

*Please print*

Full Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Home Phone Number: (      ) \_\_\_\_\_

Employer or Business: \_\_\_\_\_

Employer Address or business \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Partnership, Corporation or Association; List Names, Addresses and Phone Numbers of Partners, Principal Officers and/or Owners:

President or Partner:

NAME	ADDRESS	CITY	ZIP CODE	PHONE
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Vice President or Partner:

NAME	ADDRESS	CITY	ZIP CODE	PHONE
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Secretary or Partner:

NAME	ADDRESS	CITY	ZIP CODE	PHONE
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Treasurer or Partner:

NAME	ADDRESS	CITY	ZIP CODE	PHONE
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Nature of business for which permit is requested: \_\_\_\_\_

Days & Hours of operation: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Date of Occasion: \_\_\_\_\_ Anticipated Location: \_\_\_\_\_

Describe briefly the kind and amount of equipment to be used: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby declare that I am the owner or authorized representative of the business for which a permit is hereby applied. I certify that the said business will comply with all regulations of the City and contractual agencies and the laws and ordinances of the City of Lakewood and the State of California.

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE