

NAME: _____ DATE OF BIRTH: _____

TITLE: _____ CA DRIVER'S LICENSE No. _____

Residence: _____

Address _____ City _____ Zip _____

Business: _____

Address _____ City _____ Zip _____

NAME: _____ DATE OF BIRTH: _____

TITLE: _____ CA DRIVER'S LICENSE No. _____

Residence: _____

Address _____ City _____ Zip _____

Business: _____

Address _____ City _____ Zip _____

(Please use additional sheet if necessary)

MANAGER INFORMATION:

NAME	WORK SCHEDULE

- All new partners and any new managers who are not listed on your original application are also subject to Live Scan (fingerprint process through the OPD)
- If you are in need of Live Scan Forms, please contact Nancy Marcus at 238-3294

SECURITY:

Please list Security Company information:

Name: _____

Address/City/Zip: _____

State License: _____

Oakland Business Tax Certificate #: _____

For individuals who serve as Security Guards: (please check) Employees Independent Contractors

Name: _____

Guard Card Number: **(MUST HAVE)** _____

Address/City/Zip: _____

Oakland Business Tax Certificate # (Independent Contractors only) _____

I declare under the penalty of perjury that the foregoing is true and correct.

Dated at Oakland, California, this _____ day of _____, _____
(date) (month) (year)

Signed: _____

Name (in Print) _____
(Applicant)

Mailing address:

(Please write complete address, including zip code)

Please enclose a copy of the following documents:

- Valid Health Certificate Valid Business Tax Certificate
- Valid Copy of Public Assembly Permit (for occupancies over 49)
- Valid copy of Fire Inspection Report (for occupancy under 50)
- Valid Copy of Deemed Approved Certificate for License holders: 20, 21, 40, 42, 48, 61 and 64

Received by: _____	Date: _____	
Receipt # _____	Permit # _____	
Council District: _____	OPD Area : _____	NSC: _____