## CITY OF NOVATO APPLICATION FOR LICENSE

		Date:				
PR	IVATE DETECTIVES, PRIVATE, POLICE, W		Case #:			
	( ) INITIAL APPLICATION ( ) APPLICATION FOR RENEWAL					
PA	RT A – BUSINESS/ORGANIZATION INFO	RMATION				
١.	Name	Phone				
	Address					
2.	Applicants Name (Last, First, Middle)	Date of Birth	Phone #			
	Applicants Name (East, 1 list, Middle)	Date of Birth	Thone #			
	All other names known by	Drive	r's License #			
	Home Address					
3.	Department of Consumer Affairs License #					
	Attach copy of valid Department of Consumer Affairs License					
ļ.	Exact nature of services to be performed					
5.	Person(s) who will have direct authority and/or Name (Last, First, Middle)	control of premises """Date of Birth	Phone #			
ó.	Previous related business experience of applicate Previous Date """ Business Name ""	nt ''''''''''''''''''''''''''''''''''''	lress			

## ${\bf PART~B-CORPORATION/PARTNERSHIP~INFORMATION~(if~applicable)}$

1.	Corporation Name	Address	""""Date/Plac	""""Date/Place of Incorporation		
2.	Officers, directors, and/or stockholders owning more than 5% of corporation stock					
	Name & Title	Home Address	Date of Birth	n Phone #		
3.	Partners					
1.	Name	Home Address	Date of Birth	n Phone #		
	ART C – CRIMINAL CONVICTIONS (if applicable)  Have any applicants, partners, officers, directors, operators, or stockholders owning more than 5% of corporation stock ever been convicted of any crime except misdemeanor traffic violations?  □ Yes □ No  If yes, explain below:					
	Name	Charges	Date/Court	Disposition/Sentence		
3.	Has applicant ever been denied, suspended, or had revoked a license/permit for a concealable firearm license?					
	□ Yes	□ No				
4.	If yes, indicate place and date:					
	I certify that the information provided in this application is true and complete, knowing that any false or intentionally deleted information will be cause for rejection of application.					
	Date	Signature	of Applicant			