## ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY SOLICITOR'S PERMIT APPLICANT PERSONAL INFORMATION FORM

BUSINESS ADDRESS  BUSINESS TELEPHONE NUMBER  APPLICANT BUSINESS CAPACITY OR POSITION  APPLICANT FULL NAME  (LAST) (FIRST) (MIDDLE)  OTHER NAMES USED (FORMER, MAIDEN, ETC.)  HOME STREET ADDRESS (NO P.O. BOXES - OR - BUSINESS ADDRESSES)  CITY, STATE, ZIP CODE  HOME TELEPHONE NUMBER  PLACE OF BIRTH  DRIVER'S LICENSE #  SOCIAL SECURITY # (INCLUDE STATE NAME IF OTHER THAN CALIFORNIA)  DATE OF BIRTH  AGE  RACE  HT  WT  HAIR  EYES  HAVE YOU EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR KIND OF BUSINESS? IF YES, PLEASE EXPLAIN FULLY  HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT -OR- DO YOU HAVE ANY ARRESTS OR CITATIONS PRESENTLY PENDING DISPOSITION? (FELONY, MISDEMEANOR, INFRACTION, COUNTY/MUNICIPAL CODE VIOLATION - INCLUDE ANY CONVICTIONS EXPUNGED VIA 1203.4 PC, NOT INCLUDING COMMON TRAFFIC CITATION OFFENSES) IF YES, PLEASE EXPLAIN FULLY  INDICATE THE STATE OF THE STATE	BUSINESS NAME
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PLEASE ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED (DMV) IDENTIFICATION WITH THIS DOCUMENT.