



Secondhand Dealer Application

Type of Application

New Renewal – Every two years

Business Ownership Information

<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information			<input type="checkbox"/> NA
Last Name:	First Name:	MI:	
Address (No P.O. Box):			
Date of Birth:		Social Security #:	
California Driver's License #:			

Business Partner Contact Information	
Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years	
Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information	<input type="checkbox"/> NA
Name of Corporation:	
Date of Incorporation:	
Name of the Registered Corporate Agent:	
Address of the Registered Office for service of process:	

Names and Capacity of all Officers and Directors	
Name:	Capacity:

Business and Employees Information

Names of all employees who will work at the Second Hand Dealer Business:
Hours of operation:

New Application Fingerprinting Information (not for Renewals)

Secondhand Dealer applicants must be fingerprinted. Read the "Request for Livescan Instruction Sheet." Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

New Application Attachment Checklist

- Fingerprint application and copy of receipt.
- Two portrait photographs at least 2" x 2" in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true, correct, complete and accurate.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- I have read and understand all provisions of 21614 and 21642 of the business and professions Code.

Signature: _____ Date: _____

Signature: _____ Date: _____

Turning in the New Application (not for Renewals)

Contact the Permits office for an appointment at 408-866-2188. Bring with you the completed application, the fingerprint appointment form (and receipt), and the Police Department Application Fee. The Police, Fire Department and Zoning must approve of the application.

**Secondhand Dealer Applications to the Police Department are accepted
by Appointment Only
408-866-2188**

FOR CAMPBELL PD INTERNAL USE ONLY

Application Received	Fingerprints Cleared	Police Approval	Fire Approval	Zoning Approval
Date	Date	Date	Date	Date
Name	Name	Name	Name	Name
