

# 2017

## VACAVILLE POLICE DEPARTMENT

### Special Event PERMIT APPLICATION



PLEASE PRINT LEGIBLY  
USE BLACK OR BLUE INK

**PERSONAL INFORMATION:**

FULL NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

BIRTH DATE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: (CIRCLE ONE) MALE FEMALE

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LB

DRIVERS'S LICENSE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: HOME (\_\_\_\_) \_\_\_\_ - \_\_\_\_ CELL (\_\_\_\_) \_\_\_\_ - \_\_\_\_ OTHER (\_\_\_\_) \_\_\_\_ - \_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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**BUSINESS INFORMATION:**

NAME OF BUSINESS: \_\_\_\_\_

DESCRIPTION OF PRODUCT/NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

NAME OF PERSON AUTHORIZED TO ACCEPT SERVICE OF LEGAL PROCESS: \_\_\_\_\_

VEHICLE USED IN BUSINESS: YEAR \_\_\_\_ MAKE \_\_\_\_ COLOR \_\_\_\_ PLATE # \_\_\_\_ STATE \_\_\_\_

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**LICENSING INFORMATION:**

CITY OF VACAVILLE BUSINESS LICENSE NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
**(IF NON-PROFIT, OR OTHERWISE EXEMPT FROM BUSINESS LICENSE REQUIREMENT, ATTACH APPROPRIATE DOCUMENTS FROM THE STATE OF CALIFORNIA)**

INTERSTATE COMMERCE PERMIT NUMBER: \_\_\_\_\_  
**(5.16.090 VMC) (ATTACH A COPY IF APPLICABLE)**

STATE CONTRACTOR LICENSE NUMBER: \_\_\_\_\_ SOLANO CO. HEALTH DEPT. PERMIT NUMBER: \_\_\_\_\_

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**POLICE USE ONLY**

<b>\$30 FEE PAID:</b> _____
<b>RECEIPT #:</b> _____
<b>RECORD CHECK:</b> _____
<b>ISSUED BY:</b> _____
<b>DATE ISSUED:</b> _____

By signing this document, I also acknowledge the following rules of Soliciting/Vending/Peddling:

1. I understand that applications for a Permit require background checking and hereby authorize any a background checks by the City of Vacaville.
2. I further understand and acknowledge the following rules of soliciting/vending/peddling:
  - (a) I shall not force myself into a resident's home;
  - (b) I shall always wear the Permit provided by the Vacaville Police Department when soliciting/Vending/peddling; and
  - (c) Such Permit is subject to revocation if I fail to comply with the rules set forth in Chapter 9.18 of the Vacaville Municipal Code.

X \_\_\_\_\_  
(Signature)