



# LOS ANGELES COUNTY SHERIFF'S DEPARTMENT LICENSE DETAIL PERSONAL INFORMATION FORM

**PRINT OR TYPE ONLY**

*(Please attach a copy of your Driver's License or Identification card with this document.)*

<b>BUSINESS NAME</b>			
<b>BUSINESS ADDRESS</b>			
<b>BUSINESS PHONE NO.</b>			
<b>APPLICANT'S BUSINESS CAPACITY OR POSITION</b>			
<b>APPLICANT'S FULL NAME</b> (Last, First, MI)			
<b>ALL OTHER NAMES USED</b> (Former married, maiden, etc.)			
<b>HOME ADDRESS</b>			
<b>CITY</b>	<b>ST</b>	<b>ZIP</b>	
<b>HOME PHONE NO.</b>			
<b>DRIVER'S LICENSE NO.</b>	<b>STATE ISSUED</b>	<b>DATE OF BIRTH</b>	
<b>SOCIAL SECURITY NO.</b>	<b>PLACE OF BIRTH</b>		
<b>HAVE YOU EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR TYPE BUSINESS?</b> NO <input type="checkbox"/> YES <input type="checkbox"/> (If yes, please explain below)			
<b>HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT (CONVICTIONS SET ASIDE UNDER AUTHORITY OF 1203.4 P.C. MUST BE DISCLOSED.) OR DO YOU HAVE ANY ARRESTS, CITATION O COURT CASES PENDING DISPOSITION?</b>			
NO <input type="checkbox"/> YES <input type="checkbox"/> (If yes, please explain) _____			
I have answered all of these questions completely and truthfully. I understand that any incompleteness, falsification or misrepresentation of any fact may result in the denial of this application or revocation of any license/permit.			
Applicant's Signature _____		Date _____	