

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
BACKGROUND INFORMATION**

APPLICANT NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BELOW AND PROVIDE A DETAILED
EXPLANATION TO ALL QUESTIONS MARKED "YES."

1. HAVE YOU OR YOUR SPOUSE EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR TYPE BUSINESS?

NO YES *PLEASE EXPLAIN (INCLUDE DATES, BUSINESS NAMES, AND ADDRESSES. PROVIDE SPOUSE'S FULL NAME)

2. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT? (ALL CASES RESULTING IN REDUCED CHARGES OR DISMISSAL UNDER AUTHORITY OF 1203.4 P.C. OR 1385 P.C. MUST BE DISCLOSED)

NO YES *PLEASE EXPLAIN

3. DO YOU HAVE ANY ARRESTS, CITATIONS OR COURT CASES PENDING DISPOSITION?

NO YES *PLEASE EXPLAIN

4. DO YOU CURRENTLY HAVE OR FORMERLY HAD A LICENSE TO CONDUCT BUSINESS? (CHECK ALL THAT APPLY)

BUSINESS LICENSE # _____
 STATE LICENSE # _____
 FEDERAL LICENSE # _____

(INCLUDE ISSUING AGENCY, TYPE OF BUSINESS, BUSINESS NAME AND ADDRESS)

5. HAVE YOU EVER HAD A BUSINESS LICENSE, STATE, AND/OR FEDERAL LICENSE OR CERTIFICATE SUSPENDED, REVOKED AND/OR DENIED?

NO YES *PLEASE EXPLAIN (INCLUDE TYPE OF LICENSE/CERTIFICATE NUMBER, DATE, AND REASON)

I HAVE ANSWERED EVERY QUESTION COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY
INCOMPLETENESS, FALSIFICATION, OR MISREPRESENTATION OF ANY INFORMATION PROVIDED MAY RESULT IN
THE DENIAL OF THIS APPLICATION OR REVOCATION OF THE BUSINESS LICENSE.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0190094

ORI (Code assigned by DOJ)

LICENSE CERTIFICATION PERMIT

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

LASD/MAJOR CRIMES BUREAU/LICENSING DETAIL

Agency Authorized to Receive Criminal Record Information

115815 SOUTH COLIMA ROAD, ROOM C-111

Street Address or P.O. Box

WHITTIER

City

CA 90604

State ZIP Code

07253

Mail Code (five-digit code assigned by DOJ)

MICHELLE HAUSER

Contact Name (mandatory for all school submissions)

(562) 946-7230

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number

(Agency Billing Number)

Misc. Number

(Other Identification Number)

City State ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



**CITY OF WEST HOLLYWOOD
SUPPLEMENTARY BUSINESS LICENSE QUESTIONNAIRE**

FORTUNETELLING

Please list the name(s) and two (2) previous physical addresses of the applicant.

NAME	ADDRESS	CITY, STATE	ZIP
------	---------	-------------	-----

NAME	ADDRESS	CITY, STATE	ZIP
------	---------	-------------	-----



City of West Hollywood
Community Safety Department
8300 Santa Monica Blvd.
West Hollywood, CA 90069
(323) 848-6437

OWNER'S AFFIDAVIT/ACKNOWLEDEMENT FORM

A notary public or other office completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

The acknowledgement form must be filled out completely and notarized for the following business activities:

- Model Studio
- Escort Bureaus/Introductory Services
- Fortunetelling
- Picture Arcade
- Adult Bookstore
- Parking and Valet Services
- Medical Marijuana Collective

I (We), _____, (Owner Name) hereby declare under the penalty of perjury that I (we) am (are) the owner(s) of the property located at

(Property Address), Assessor's Parcel Number _____, in the City of West Hollywood, California ("Property"). I (we) acknowledge that the application being filed concurrently herewith contemplates _____'s (Applicant's Name) intention to operate a _____ (Type of Business) under the business name of _____ (Business Name) on the Property. I (we) hereby consent to the filing of the application and to the operation of a _____ (Type of Business) on the Property.

Property Owner's Signature: _____ Date: _____

Property Owner Address: _____

Property Owner Phone: _____

Capacity Claimed by Signer (Individual, Partner(s), Trustee(s), Corporate Officer(s), Attorney-In-Fact, Other): _____

For Notary Use Only

State of California)
)
County of _____)

On _____ before me, _____, a Notary Public in and for said State, personally appeared, _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Place seal here)