

**RICHMOND POLICE DEPARTMENT
PERMIT RENEWAL**



CHECK THE PERMIT FOR WHICH RENEWAL IS REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> Amusement Park | <input type="checkbox"/> Palmistry |
| <input type="checkbox"/> Billiard Parlor | <input type="checkbox"/> Pawnshop |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Pistols & Ammunition & Sales |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> (Licensed dealers complete sections 9 & 10 only) |
| <input type="checkbox"/> Circus/Wild West Show | <input type="checkbox"/> Secondhand Dealer |
| <input type="checkbox"/> Employment Service | <input type="checkbox"/> Skating Rink |
| <input type="checkbox"/> Gold/Silver Merchant | <input type="checkbox"/> Solicitor |
| <input type="checkbox"/> Junk Dealer | <input type="checkbox"/> Taxi Cab Operator's Permit |
| <input type="checkbox"/> Merry-Go-Round | <input type="checkbox"/> Theater, Motion Picture |

NOTE: PLEASE ANSWER QUESTIONS COMPLETELY AND ACCURATELY. ALL ANSWERS MUST BE PRINTED NEATLY OR TYPED. IF THERE IS INSUFFICIENT SPACE FOR YOUR ANSWER, LIST THE NUMBER AND ANSWER ON A SEPARATE PIECE OF PAPER.

ACTIVITY FOR WHICH PERMIT BEING RENEWED:

NAME OF PARTNERSHIP OR FIRM (for business permit renewal) :

ADDRESS: (including City, State & Zip Code):

CONTACT NAME: (for business permit renewal): _____

CONTACT ADDRESS (including City, State & Zip Code):

CONTACT TELEPHONE NUMBER: (home) _____ (work) _____ (cell) _____

THE LENGTH OF TIME IT TAKES TO CONDUCT AN INVESTIGATION FOR RENEWAL DEPENDS ON THE ACCURACY AND COMPLETENESS OF YOUR APPLICATION.

IF YOU HAVE ANY FURTHER QUESTIONS, FEEL FREE TO CONTACT THE RICHMOND POLICE DEPARTMENT, PERMITS & INSPECTIONS, SHIRLEY RICHARDSON AT 804-646-6741.

DATE SUBMITTED TO POLICE DEPARTMENT _____

SECTION 1: PERSONAL HISTORY

LEGAL NAME AT BIRTH: _____

ALL OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES:

SOCIAL SECURITY NUMBER: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

HAIR COLOR: _____ LIST SCARS, MARKS OR TATTOOS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(City, State, Country)

ARE YOU A U.S. CITIZEN? ___ YES ___ NO

IF NATURALIZED, DATE OF NATURALIZATION: _____

GREEN CARD NUMBER (if applic able): _____

HAVE YOU **EVER BEEN ARRESTED FOR ANY REASON?** ___ YES ___ NO

IF YES, EXPLAIN (INCLUDING DUI) _____

SECTION 2: DRIVING HISTORY

PROVIDE THE INFORMATION ON ANY VEHICLE OPERATORS LICENSE YOU HAVE HELD:

<u>TYPE:</u>	<u>STATE OF ISSUANCE:</u>	<u>LICENSE NUMBER</u>	<u>DATES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST **ALL** TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED IN THE PAST 10 YEARS:

DATE: _____ CHARGE: _____

LOCATIION OF CHARGE: _____

DISPOSITION OF CHARGE: _____

DATE: _____ CHARGE: _____

LOCATIION OF CHARGE: _____

DISPOSITION OF CHARGE: _____

DATE: _____ CHARGE: _____

LOCATIION OF CHARGE: _____

DISPOSITION OF CHARGE: _____

DATE: _____ CHARGE: _____

LOCATIION OF CHARGE: _____

DISPOSITION OF CHARGE: _____

SECTION 3: EMPLOYMENT HISTORY

START WITH YOUR PRESENT EMPLOYER AND WORK BACK. INCLUDE PERIODS OF UNEMPLOYMENT AND PERIODS OF SELF EMPLOYMENT

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

SECTION 4: ADDITIONAL INFORMATION

HAVE YOU EVER BEEN DENIED A PERMIT OR LICENSE SIMILAR TO THE ONE FOR WHICH YOU ARE NOW APPLYING? _____ YES _____ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY A LAW ENFORCEMENT AGENCY?
_____ YES _____ NO

IF YES, EXPLAIN: _____

LIST ANY FRIENDS OR RELATIVES WHO ARE EMPLOYED BY THE RICHMOND POLICE DEPARTMENT:

SECTION 7: FAMILY AND HOUSHOLD

<u>Name</u>	<u>Address (include City & State</u>	<u>DOB</u>
_____ Father	_____	_____
_____ Mother	_____	_____
_____ Spouse	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____
_____ Brother/Sister/Child	_____	_____

SECTION 7: PERSONAL REFERENCES

LIST FIVE PERSONAL REFERENCES – DO NOT INCLUDE RELATIVES OR EMPLOYEES

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SECTION 8: APPLICANTS FOR TAXI CAB OPERATORS' PERMIT ONLY

1. Has your operator's license ever been suspended or revoked? ___ YES ___ NO (attach copy of current DMV record)

2. Explain any hearing or eyesight problems: _____

3. Have you ever driven a taxi cab before? ___ YES ___ NO If yes, list company(s) and date(s):

4. List your current taxi cab permit number: _____

5. What is the trade name, address and phone number of the company for which you drive?

6. Name of the company official who hired you: _____

SECTION 9: BUSINESS INFORMATION (for business permit renewals):

1. Business _____

2. Business Address _____

3. Mailing Address (if different from business address) _____

4. Business Phone _____

5. Is the business a : Partnership ___ Corporation ___ Other (specify) _____

6. List the name, date of birth, social security number and position held in the business for each individual owner, partner, and all other responsible persons in the business, including yourself:

Name	Position	Social Security Number	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Circle type of business premise: Store Front Office Rod & Gun Club Hotel/Motel
Multi-family dwelling Single family dwelling

SECTION 10: PISTOL & AMMUNITION – SALES – LICENSED DEALER

1. Is the applicant a licensed firearm dealer pursuant to 18 USC §921 et seq.? ___ YES ___ NO

a. If yes, list Federal firearms License Number; _____

b. Name of individual(s) whose name(s) appear on Federal Firearms License:

2. Is the applicant a firearms dealer registered with the Virginia State Police Dept? ___ YES ___ NO

a. If yes, list VSP Identification Number: _____

b. Attach a copy of completed Firearms Dealer Registration form displaying VSP Identification Number (with all attachments)

I CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND THE DOCUMENTS SUBMITTED IN SUPPORT THEREOF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. I HAVE NEITHER WITHHELD NOR MISREPRESENTED ANY FACTS CONTAINED HEREIN. BY MY SIGNATURE BELOW, I AUTHORIZE THE RICHMOND POLICE DEPARTMENT TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND TO DETERMINE MY QUALIFICATIONS FOR THE PERMIT AND/OR LICENSE THAT I AM SEEKING. I ALSO UNDERSTAND THAT ANY FALSIFICATION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION.

Applicant's signature

Date

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF _____, to wit:

The foregoing document was acknowledged before me this _____ day of _____,

_____ by _____

My Commission Expires: _____

Notary Public

*******ALL APPLICATIONS MUST BE NOTARIZED*******

RICHMOND POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT'S NAME _____

I respectfully request and authorize you to furnish the city of Richmond, Police Department, any and all information in your possession concerning my employment record, educational record, military record, reputation, character, financial and credit status. Please include any and all polygraph results, application information and other information of a confidential nature, and Photostats/copies of same. This information is to be used to assist the Richmond Police Department in determining my qualifications/fitness for the permit I am seeking. A reproduction of this release form will be as an original hereof and shall expire twelve months from the date of its acknowledgement.

I hereby release you, your organization and others from any and all liability or damage which may result from furnishing the information requested. I further understand that the sources of information, as well as the information itself cannot be revealed to me.

APPLICANT'S SIGNATURE _____

TODAY'S DATE _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

WITNESS SIGNATURE _____

MUST BE SIGNED BY NOTARY OR SOMEONE WHO WITNESSES YOUR SIGNATURE