Account #							
Account #							
Customer ID # License Ref #				CIT	VOECT	OCIZEONI	
Licerise Rei #			_	CIT	Y OF ST	OCKTON	
Office Use Only:  Cannabis Dispensary E Peddler Solicitor Taxi Cab Driver	Emp Cannabis Dispensai Funeral Escort Bingo Transient Photog			C	LEARANCE A HIEF OF POL STOCKTON, (	ICE	
Ice Cream Vendor Card Room Employe		Motorized Food Wagon Vendor		P#	Exp:	□ New □ Renew	
Massage Technician	N	Massage Owner					
Non Emergency Transp	port			Location: 22 E Weber Ave (Center St Entrance)			
				To Reschedule Call	209-937-8313		
INDIVIDUAL INFORMATION In applying for a license in the NAME: LAST A.K.A.(S):	ne City of Stockto	n, I offer the follo	wing informa	tion regarding my	self:		
					OT 4 TE		
MAILING ADDRESS:			CITY:		_SIAIE:	ZIP:	
BUSINESS NAME:							
BUSINESS ADDRESS:			CITY:		STATE:	_ZIP:	
AGE: DATE OF	BIRTH:	PLA	CE OF BIRT	H:			
HEIGHT: WEIGH	T:	SEX: MF	EYE COLO	R:	HAIR COL	OR:	
(CHECK ONE) MARRIED:SINGLE: DIVORCED:SEPARATED:							
DRIVER'S LICENSE NUMBER OR IDENTIFICATION NUMBER: STATE:							
SOCIAL SECURITY NUMBI							
PREVIOUS EMPLOYERS: COMPANY NAME ADD		DRESS C		тү	STATE	COUNTRY	
1							
2							
3.							
REFERENCES: NAME	ADD	RESS	CI	TY	STATE	ZIP	
1							
2.							
3.							
Г							
RECORD OF ARRESTS (I			•		•		
DATE OF ARREST		LOCATION OF ARREST		REST	CHARGE(S)		
IMPORTANT NOTICE: I decla knowledge and belief. I unde understand I will be fingerprin application are non-refundable	erstand that any nted upon my init	false statements	are grounds t	for denial or revo	cation of the Regul	atory work permit. I also	

SIGNATURE OF APPLICANT	DATE SIGNED	



## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission					
CA0390500 ORI (Code assigned by DOJ)	PERMIT Authorized Applicant Type				
Type of License/Certification/Permit OR Working Title (Maximum 30 charac	cters - if assigned by DOJ, use exact title assigned)				
Contributing Agency Information:					
STOCKTON POLICE DEPARTMENT	17207				
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)				
22 E MARKET ST	DIANA GONZALEZ				
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)				
STOCKTON CA 95202	(209) 937-8422				
City State ZIP Code	Contact Telephone Number				
Applicant Information:					
Last Name	First Name Middle Initial Suffix				
Other Name (AKA or Alias) Last	First Suffix				
Date of Birth Sex Male Female	Driver's License Number				
Height Eye Color Hair Color	Billing Number				
	(Agency Billing Number) Misc.				
Place of Birth (State or Country) Social Security Number	Number (Other Identification Number)				
Home)	<b>(</b>				
Address Street Address or P.O. Box	City State ZIP Code				
Your Number:	Level of Service: X DOJ FBI				
OCA Number (Agency Identifying Number)					
If re-submission, list original ATI number:	Original ATI Number				
(Must provide proof of rejection)					
Employer (Additional response for agencies specified by statu	te):				
N/A	N/A				
Employer Name	Mail Code (five digit code assigned by DOJ)				
N/A					
Street Address or P.O. Box	•				
N/A	N/A				
City State ZIP Code	Telephone Number (optional)				
Live Scan Transaction Completed By:					
Name of Operator	Date				
Transmitting Agency LSID	ATI Number Amount Collected/Billed				