

CITY OF ROSEMEAD
8838 E. Valley Blvd., Rosemead, CA 91770
(626) 569-2100 • Fax (626) 307-9218
BUSINESS LICENSE APPLICATION
(Positions Requiring Background Check)

Business Name _____
Business Owner _____
Business Address _____
Business Phone (____) _____ Email _____

Enter name of licensed employee:

Name _____ Phone (____) _____
Home Address _____ Cell Phone (____) _____
(Cannot be P.O. Box)
Mailing Address _____
(if different than above)
Driver Lic. No. _____ Email _____
Technical License # _____ Exp Date _____

Check appropriate box for type of employment: * Documents to be submitted with application

<input type="checkbox"/> Private Patrol (Security Guard) *Guard Card *Baton Lic (if applicable) *Firearm Lic (if applicable)	<input type="checkbox"/> Solicitor	<input type="checkbox"/> Taxi/Shuttle/Limo Drivers *Driver License *Insurance *TCP License	<input type="checkbox"/> Massage Parlor Owner
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Alternate Contact Information:

Name _____ Title _____ Phone (____) _____
Home Address _____ Cell Phone (____) _____

*** Do not answer or disclose to any questions(s) if the following apply: minor traffic infractions and convictions for which the record has been sealed or expunged; any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and misdemeanor convictions for marijuana-related offenses more than two (2) years old.**

Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two (2) year old: Notwithstanding any of the preceding, you should not disclose convictions that are over two (2) years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1979 or a statutory predecessor to those statutes).

No Yes

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE PROVIDE A WRITTEN EXPLANATION AS TO THE FACTS AND DATES SURROUNDING YOUR ANSWER:

CERTIFICATE OF APPLICANT: "I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application will subject me to disqualification or revocation of the licensed issued. I understand also that I am required to abide by all the rules and regulations of the City of Rosmead."

Printed Name of Licensed Employee

Date:

Signature of Licensed Employee