

Secondhand Dealer / Pawnbroker License

The Santa Rosa Police Department requires you to fill out the attached application, and return the required items, as well as fill out the online CAPSS application (link below)

Items required to the SRPD or a Secondhand Dealer:

A completed SRPD application (see attached)

\$70 fee in check or cash (check to be written to The City of Santa Rosa)

\$300 check to the Department of Justice

A copy of your City of Santa Rosa Business Tax Certificate

A copy of your driver's license

A copy of the completed Livescan form (see attached)

The CAPSS application must be filled out online – see below link: CAPSS application:

<https://capss-licensing.doj.ca.gov/public/applications/new?ori=CA0490500>

For more information on Secondhand dealer and Pawnbroker License:

<https://oag.ca.gov/secondhand>

<https://oag.ca.gov/secondhand/capss>



**SANTA ROSA POLICE DEPARTMENT
SECONDHAND DEALER OR PAWN SHOP
APPLICATION/PERMIT
(Please indicate type of application)**

PERSONAL:

1. Name (please print or type):

Last

First

Middle

Other names, maiden or alias (including nicknames) you have used or been known by:

2. Residence Address:

Address

Apt#

City

State

Zip Code

3. Telephone numbers where you can be contacted;

Home: () _____ Cell: () _____ Work: () _____

4. Birthdate: Month _____ Day _____ Year _____

5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation? Yes ____ No ____

6. Social Security Number: _____

7. Driver's License Number: _____

List any restrictions on license: _____

8. For purposes of identification, please provide the following:

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Scars, tattoos, or other distinguishing marks: _____

RESIDENCES:

9. Please list all of your residences during the last ten years:

Address/City, State, Zip Code

From Mo/Yr to Mo/Yr

10. Have you ever been involuntarily committed to a hospital or institution for psychiatric examination or found not guilty for reason of insanity in a prosecution? Yes ____ No ____

11. Have you ever been convicted for any criminal offense, to include any felony or misdemeanor convictions within the last five years? Yes ____ No ____

12. Have you ever been a mental patient in any hospital or institution? Yes ____ No ____

13. Have you ever been convicted of any traffic violation within the last five years? Yes ____ No ____

14. If you answered "yes" to any of the above, please explain fully: _____

BUSINESS HISTORY:

15. Name and address of business establishment by which you are or will be employed/own:

16. List, in chronological order, most recent first, your employment history for the last five years preceding the date of this application, and the position(s) you held:

17. I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered, and have included a full and correct answer to each question to the best of my knowledge and belief. I hereby authorize the Santa Rosa Police Department to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury, and shall be grounds to deny or revoke the permit sought by this application.

Signature of Applicant

Dated: _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0349400 Type of Application: LICENSE
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: (Check One) Secondhand Dealer Pawnbroker

Agency Address Set Contributing Agency:
DOJ/BCIA SECONDHAND DEALER/PAWNBROKER UNIT 05467
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

P.O. BOX 903387 N/A
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 94203-3870 (916) 227-3688
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - BIL - Applicant to pay at Site
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____
Street No. Street or PO Box

Eye Color: _____ Hair Color: _____
City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

Your Number: _____ **DOJ ONLY - DO NOT CHECK FBI**
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name N/A N/A
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

N/A () N/A
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____