

# COUNTY OF MONTEREY

## MESSAGE BUSINESS PERMIT and OFF PREMISES MESSAGE PERMIT RENEWAL APPLICATION

Applicant Status (check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Association    | <input type="checkbox"/> Firm          |
| <input type="checkbox"/> Co-Partnership | <input type="checkbox"/> Individual    |
| <input type="checkbox"/> Corporation    | <input type="checkbox"/> Joint Venture |

*The applicant section of this application must be completed for each co partner of a co-partnership or joint venture; and for each principal officer, director of shareholder of an association or corporation. Any application filed on behalf of a partnership/corporation shall be signed by each of the partners/shareholders.*

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City State Zip

Mailing Address \_\_\_\_\_

City State Zip

Business Phone \_\_\_\_\_

Applicant Information:

Last Name \_\_\_\_\_

First

Middle

Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

City

State

Zip

Drivers License \_\_\_\_\_

State of Issue

Expiration Date

Social Security Number

Residence Phone \_\_\_\_\_

If applicant is an individual please submit:

- |   |  |
|---|--|
| <input type="checkbox"/> Two Passport Size photos | <input type="checkbox"/> Copy of Drivers License |
|---|--|

I/we understand and agree that any business or activity conducted or operated under this permit shall be operated in full conformity with all laws of the state and the laws and regulations of the county applicable thereto. I/we understand that any violation of any such laws or regulation in such place of business, or in connection therewith, shall render any permit subject to immediate revocation. I understand that any omission or falsification on this application will be grounds to deny a permit.

- I have received a copy of county ordinance Chapter 11.25

Applicant \_\_\_\_\_

Date

Applicant \_\_\_\_\_

Date

Applicant \_\_\_\_\_

Date

Applicant \_\_\_\_\_

Date

**DO NOT WRITE BELOW THIS LINE SHERIFF OFFICE USE ONLY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Application Complete/Signed | <input type="checkbox"/> Photographs      | <input type="checkbox"/> Criminal Check (CJIS)  |
| <input type="checkbox"/> Fees Paid                   | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Warrants Check (CLETS) |

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_