



SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 HOURS OF OPERATION:
 TUE - FRI 8:30 am - 3:30 pm



PERSONAL HISTORY QUESTIONNAIRE
Firearms Dealer License

PERSONAL				
LAST		FIRST		MIDDLE
CALIFORNIA DRIVER'S LICENSE/ I.D.				
ADDRESS				APT/UNIT
CITY		STATE	ZIP	
CONTACT NUMBERS				
HOME		CELL	WORK	
U.S. CITIZENSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO	PERMANENT RESIDENT ALIEN NO.		
DOB	HEIGHT	WEIGHT	HAIR	EYES

RELATIVES		
SPOUSE/DOMESTIC PARTNER		
NAME	ADDRESS	PH
MOTHER		
NAME	ADDRESS	PH
FATHER		
NAME	ADDRESS	PH
SIBLING: <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> OTHER:		
NAME	ADDRESS	PH
SIBLING: <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> OTHER:		
NAME	ADDRESS	PH
SIBLING: <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> OTHER:		
NAME	ADDRESS	PH
SIBLING: <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/> OTHER:		
NAME	ADDRESS	PH
FORMER SPOUSE/ FORMER DOMESTIC PARTNER		
NAME	ADDRESS	PH

CHILDREN		
CHILD: <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> OTHER:		
NAME	ADDRESS	PH
CHILD: <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> OTHER:		
NAME	ADDRESS	PH

CHILDREN (continued)CHILD: SON DAUGHTER OTHER:

NAME

ADDRESS

PH

CHILD: SON DAUGHTER OTHER:

NAME

ADDRESS

PH

REFERENCES (Please list five references – do NOT include relatives and former employees)

REFERENCE 1

NAME

ADDRESS

PH

REFERENCE 2

NAME

ADDRESS

PH

REFERENCE 3

NAME

ADDRESS

PH

REFERENCE 4

NAME

ADDRESS

PH

REFERENCE 5

NAME

ADDRESS

PH

RESIDENCE HISTORY (List all your residences during the last five years)

ADDRESS

HOW LONG

ADDRESS

HOW LONG

ADDRESS

HOW LONG

BUSINESS INFORMATION

NAME

PH

BUSINESS ADDRESS

BUSINESS IS:

 INDIVIDUALLY OWNED CORPORATION PARTNERSHIP

LIST ALL OTHER PERSONS WITH FINANCIAL INTEREST IN THE BUSINESS:

NAME

ADDRESS

PH

DOB

NAME

ADDRESS

PH

DOB

LIST ALL OFFICERS AND EMPLOYEES OF THE BUSINESS (attach additional sheets if needed)

NAME

ADDRESS

PH

DOB

NAME

ADDRESS

PH

DOB

NAME

ADDRESS

PH

DOB

BUSINESS DAYS AND HOURS OF OPERATION

IS ANY BUSINESS OTHER THAN THAT FOR WHICH THE PERMIT APPLICATION IS BEING MADE CONDUCTED ON THE PREMISES?

 YES NO

IF YES, BRIEFLY DESCRIBE THE NATURE OF THAT OTHER BUSINESS:

BUSINESS PREMISES:

 OWN or BUYING LEASE OTHER:

EMPLOYMENT HISTORY *(Begin with your most recent employer - attach additional sheets if needed)*

NAME	DATES OF EMPLOYMENT
ADDRESS	PH
SUPERVISOR	PH
TITLE	
DUTIES	
REASON FOR LEAVING	

NAME	DATES OF EMPLOYMENT
ADDRESS	PH
SUPERVISOR	PH
TITLE	
DUTIES	
REASON FOR LEAVING	

NAME	DATES OF EMPLOYMENT
ADDRESS	PH
SUPERVISOR	PH
TITLE	
DUTIES	
REASON FOR LEAVING	

MILITARY SERVICE

BRANCH OF SERVICE	DATES OF SERVICE	
WHERE YOU EVER DISCIPLINED WHILE IN THE MILITARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, LIST THE FOLLOWING INFORMATION BELOW		
DATE	DETAINING OR ARRESTING AGENCY	DISPOSITION

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF "YES", PLEASE LIST THE FOLLOWING INFORMATION BELOW		
DATE	CHARGE	OUTCOME

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR COMMITTED TO A MENTAL HEALTH FACILITY THAT WOULD RESULT IN THE PROHIBITION OF YOU POSSESSING A FIREARM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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(THIS INCLUDES ANY CONVICTIONS THAT HAVE BEEN EXPUNGED FROM YOUR RECORDS)?

IF "YES", PLEASE LIST THE FOLLOWING INFORMATION BELOW

DATE	CHARGE	AGENCY	OUTCOME

HAVE YOU EVER BEEN THE RESTRAINED PARTY IN AN ACTIVE OR INACTIVE RESTRAINING ORDER? YES NO

IF "YES", PLEASE LIST THE FOLLOWING INFORMATION BELOW

DATE	RELATIONSHIP TO PERSON	OUTCOME

ARE YOU NOW OR HAVE YOU EVER BEEN INVLOVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? YES NO

IF "YES", PLEASE LIST THE FOLLOWING INFORMATION BELOW

DATE	TYPE OF CASE	OUTCOME

INSURANCE INFORMATION

THE SAN JOSE MUNICIPAL CODE REQUIRES A DEALER IN FIREARMS TO MAINTAIN A MINIMUM OF \$1,000,000 IN LIABILITY INSURANCE. PLEASE LIST THE CURRENT LIABILITY INSURANCE INFORMATION BELOW:

COMPANY	ADDRESS	POLICY NUMBER	EXPIRATION DATE

I, the undersigned, do hereby authorize the Chief of Police or his designee to contact any firm(s), organization(s), bank(s), government agency(s), or person(s) for any and all information deemed necessary by the Chief of Police or his designee in connection with this application. I hereby certify, under penalty of perjury, that I have made no willful misrepresentations or falsifications on this application, nor have I failed to disclose any material facts. I understand that any such misrepresentation, falsification, or omission of facts is grounds for rejection or revocation of the permit for which this application applies.

I hereby release the Chief of Police or his designee, the City of San Jose, and others contacted, from any liability or damage which may result from furnishing the information requested.

Signature of Applicant

Date