



TRACY POLICE DEPARTMENT

CARD ROOM DEALER WORK PERMIT APPLICATION

Application must be filled out completely. Failure to answer all questions shall result in the denial of the application. Applicant **must** provide government issued identification to complete this application.

NEW RENEWAL FILE #: _____

APPLICANT INFORMATION

NAME: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLACE OF BIRTH: _____ DOB: _____ SEX: _____

CDL #: _____ SOCIAL SECURITY #: _____

ORGANIZATION INFORMATION

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Applicant: Please read before signing.

Permits are issued only to applicants, not organizations, and are non transferable. Permit (ID card) must be produced upon request. **You are required to renew this permit every year.**

APPLICANT'S SIGNATURE: _____ DATE: _____

| FOR DEPARTMENT USE ONLY | | | | |
|-------------------------|-----------|-------------|-------------|------------|
| FEE PAID | RECEIPT # | DATE PAID | FINGERPRINT | PHOTOGRAPH |
| ISSUED BY | DATE | APPROVED BY | DATE | |

RESIDENCE ADDRESS: (Past 10 Years)

CITY:

STATE:

HOW LONG:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

EMPLOYMENT: (Past 10 Years)

TYPE OF WORK:

ADDRESS OF JOB:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

All Convictions including those Dismissed or Expunged pursuant to Penal Code 1203.4

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____