



CERTIFICATE OF COMPLIANCE

Please print legibly or type all required information. Failure to provide requested information may cause a delay in the processing or may void the processing of your request.

Name: (First) (Middle) (Last)											
Residence Address: (Street Number & Name) (City) (State) (Zip Code)											
Business Address: (Street Number & Name) (City) (State) (Zip Code)											
Phone Numbers: Residence ()						Work: ()			Cell: ()		
Sex		Height		Weight		Hair Color		Eye Color			
Date of Birth: (Month/Day/Year)						Place of Birth: (City/State)					
Driver's License No. Or I.D. Card No.						State:					
List Three Names and Addresses of Personal References:											
Name			Address			City			Telephone		
Give complete description of business or activity for which this certificate is requested:											
Name of Business/Activity											
Location of Business/Activity											
Owner/Agent											
Have you ever been convicted of a FELONY crime?								Yes		No	
If Yes:		What?			When?			Where?			
Have you ever been convicted of a MISDEMEANOR crime?								Yes		No	
If Yes:		What?			When?			Where?			

BY MY SIGNATURE AFFIXED BELOW, I AFFIRM THE INFORMATION PROVIDED ON THIS CERTIFICATE OF COMPLIANCE IS TRUE AND CORRECT.

Signature: _____ **Date:** _____

SAN JACINTO POLICE DEPARTMENT APPROVAL:

Approved as submitted

Approved with the following conditions: _____

Disapproved

Remarks: _____

Approved by: _____ Date: _____

COMMUNITY DEVELOPMENT DEPARTMENT APPROVAL:

Approved as submitted

Approved with the following conditions: _____

Disapproved

Remarks: _____

Approved by: _____ Date: _____

FOR ISSUING AUTHORITY USE:

Approved as submitted

Approved with the following conditions: _____

Disapproved

Remarks: _____

Approved by: _____ Date: _____

LICENSE ISSUED:

YES

NO

DATE:
