

**RICHMOND POLICE DEPARTMENT  
PERMIT RENEWAL**



**CHECK THE PERMIT FOR WHICH RENEWAL IS REQUESTED**

- |  |   |
|--|---|
| <input type="checkbox"/> Amusement Park        | <input type="checkbox"/> Palmistry                    |
| <input type="checkbox"/> Billiard Parlor       | <input type="checkbox"/> Pawnshop                     |
| <input type="checkbox"/> Bowling Alley         | <input type="checkbox"/> Pistols & Ammunition & Sales |
| <input type="checkbox"/> Carnival              | (Licensed dealers complete sections 9 & 10 only)      |
| <input type="checkbox"/> Circus/Wild West Show | <input type="checkbox"/> Secondhand Dealer            |
| <input type="checkbox"/> Employment Service    | <input type="checkbox"/> Skating Rink                 |
| <input type="checkbox"/> Gold/Silver Merchant  | <input type="checkbox"/> Solicitor                    |
| <input type="checkbox"/> Junk Dealer           | <input type="checkbox"/> Taxi Cab Operator's Permit   |
| <input type="checkbox"/> Merry-Go-Round        | <input type="checkbox"/> Theater, Motion Picture      |

**NOTE: PLEASE ANSWER QUESTIONS COMPLETELY AND ACCURATELY. ALL ANSWERS MUST BE PRINTED NEATLY OR TYPED. IF THERE IS INSUFFICIENT SPACE FOR YOUR ANSWER, LIST THE NUMBER AND ANSWER ON A SEPARATE PIECE OF PAPER.**

ACTIVITY FOR WHICH PERMIT BEING RENEWED:

\_\_\_\_\_

NAME OF PARTNERSHIP OR FIRM (for business permit renewal) :

\_\_\_\_\_

ADDRESS: (including City, State & Zip Code):

\_\_\_\_\_

CONTACT NAME: (for business permit renewal): \_\_\_\_\_

CONTACT ADDRESS (including City, State & Zip Code):

\_\_\_\_\_

CONTACT TELEPHONE NUMBER: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

THE LENGTH OF TIME IT TAKES TO CONDUCT AN INVESTIGATION FOR RENEWAL DEPENDS ON THE ACCURACY AND COMPLETENESS OF YOUR APPLICATION.

IF YOU HAVE ANY FURTHER QUESTIONS, FEEL FREE TO CONTACT THE RICHMOND POLICE DEPARTMENT, PERMITS & INSPECTIONS, GLORIA SILVA AT 804-646-6741.

DATE SUBMITTED TO POLICE DEPARTMENT \_\_\_\_\_

**SECTION 1: PERSONAL HISTORY**

LEGAL NAME AT BIRTH: \_\_\_\_\_

ALL OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES:  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ LIST SCARS, MARKS OR TATTOOS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(City, State, Country)

ARE YOU A U.S. CITIZEN? \_\_\_ YES \_\_\_ NO

IF NATURALIZED, DATE OF NATURALIZATION: \_\_\_\_\_

GREEN CARD NUMBER (if applicable): \_\_\_\_\_

HAVE YOU **EVER BEEN ARRESTED FOR ANY REASON?** \_\_\_ YES \_\_\_ NO

IF YES, EXPLAIN (INCLUDING DUI) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: DRIVING HISTORY**

PROVIDE THE INFORMATION ON ANY VEHICLE OPERATORS LICENSE YOU HAVE HELD:

<u>TYPE:</u>	<u>STATE OF ISSUANCE:</u>	<u>LICENSE NUMBER</u>	<u>DATES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST **ALL** TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED IN THE PAST 10 YEARS:

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATIION OF CHARGE: \_\_\_\_\_

DISPOSITION OF CHARGE: \_\_\_\_\_

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATIION OF CHARGE: \_\_\_\_\_

DISPOSITION OF CHARGE: \_\_\_\_\_

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATIION OF CHARGE: \_\_\_\_\_

DISPOSITION OF CHARGE: \_\_\_\_\_

DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

LOCATIION OF CHARGE: \_\_\_\_\_

DISPOSITION OF CHARGE: \_\_\_\_\_

**SECTION 3: EMPLOYMENT HISTORY**

START WITH YOUR PRESENT EMPLOYER AND WORK BACK. INCLUDE PERIODS OF UNEMPLOYMENT AND PERIODS OF SELF EMPLOYMENT

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

Employment dates _____ - _____	Name of Employer _____
Employer's Complete Address and Zip Code _____	Telephone number _____
Position Held _____	Reason for Leaving _____

**SECTION 4: ADDITIONAL INFORMATION**

HAVE YOU EVER BEEN DENIED A PERMIT OR LICENSE SIMILAR TO THE ONE FOR WHICH YOU ARE NOW APPLYING? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY A LAW ENFORCEMENT AGENCY?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WHO ARE EMPLOYED BY THE RICHMOND POLICE DEPARTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION 7: FAMILY AND HOUSHOLD**

<b><u>Name</u></b>	<b><u>Address (include City &amp; State</u></b>	<b><u>DOB</u></b>
Father		
Mother		
Spouse		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		
Brother/Sister/Child		

**SECTION 7: PERSONAL REFERENCES**

LIST FIVE PERSONAL REFERENCES – DO NOT INCLUDE RELATIVES OR EMPLOYEES

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION 8: APPLICANTS FOR TAXI CAB OPERATORS' PERMIT ONLY**

1. Has your operator's license ever been suspended or revoked? \_\_\_ YES \_\_\_ NO (attach copy of current DMV record)
  
2. Explain any hearing or eyesight problems: \_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever driven a taxi cab before? \_\_\_ YES \_\_\_ NO If yes, list company(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. List your current taxi cab permit number: \_\_\_\_\_
  
5. What is the trade name, address and phone number of the company for which you drive?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Name of the company official who hired you: \_\_\_\_\_

**SECTION 9: BUSINESS INFORMATION (for business permit renewals):**

1. Business \_\_\_\_\_
  
2. Business Address \_\_\_\_\_
  
3. Mailing Address (if different from business address) \_\_\_\_\_
  
4. Business Phone \_\_\_\_\_
  
5. Is the business a : Partnership \_\_\_ Corporation \_\_\_ Other (specify) \_\_\_\_\_

6. List the name, date of birth, social security number and position held in the business for each individual owner, partner, and all other responsible persons in the business, including yourself:

Name	Position	Social Security Number	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Circle type of business premise: Store Front    Office    Rod & Gun Club    Hotel/Motel  
Multi-family dwelling    Single family dwelling

**SECTION 10: PISTOL & AMMUNITION – SALES – LICENSED DEALER**

1. Is the applicant a licensed firearm dealer pursuant to 18 USC §921 et seq.? \_\_\_ YES \_\_\_ NO

a. If yes, list Federal firearms License Number; \_\_\_\_\_

b. Name of individual(s) whose name(s) appear on Federal Firearms License:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is the applicant a firearms dealer registered with the Virginia State Police Dept? \_\_\_ YES \_\_\_ NO

a. If yes, list VSP Identification Number: \_\_\_\_\_

b. Attach a copy of completed Firearms Dealer Registration form displaying VSP Identification Number (with all attachments)

I CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND THE DOCUMENTS SUBMITTED IN SUPPORT THEREOF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. I HAVE NEITHER WITHHELD NOR MISREPRESENTED ANY FACTS CONTAINED HEREIN. BY MY SIGNATURE BELOW, I AUTHORIZE THE RICHMOND POLICE DEPARTMENT TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND TO DETERMINE MY QUALIFICATIONS FOR THE PERMIT AND/OR LICENSE THAT I AM SEEKING. I ALSO UNDERSTAND THAT ANY FALSIFICATION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**COMMONWEALTH OF VIRGINIA**

**CITY/COUNTY OF \_\_\_\_\_, to wit:**

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\*\*\*\*\***ALL APPLICATIONS MUST BE NOTARIZED**\*\*\*\*\*

**RICHMOND POLICE DEPARTMENT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**APPLICANT'S NAME** \_\_\_\_\_

I respectfully request and authorize you to furnish the city of Richmond, Police Department, any and all information in your possession concerning my employment record, educational record, military record, reputation, character, financial and credit status. Please include any and all polygraph results, application information and other information of a confidential nature, and Photostats/copies of same. This information is to be used to assist the Richmond Police Department in determining my qualifications/fitness for the permit I am seeking. A reproduction of this release form will be as an original hereof and shall expire twelve months from the date of its acknowledgement.

I hereby release you, your organization and others from any and all liability or damage which may result from furnishing the information requested. I further understand that the sources of information, as well as the information itself cannot be revealed to me.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**WITNESS SIGNATURE** \_\_\_\_\_

**MUST BE SIGNED BY NOTARY OR SOMEONE WHO WITNESSES YOUR SIGNATURE**