	ADDI ICATI	CITY OF CHICO	OOM LICENSE	
LICENSE #:	APPLICATION FOR CAP		Original Application Renewal Application	
	NOTE: THIS APPLICATION WILL BECOME A VALID LICENS		Y THE FINANCE DIRECTOR RE ON JUNE 30,	
	Al	PPLICANT INFORMA	TION	
NAME:	SOCIAL SECURITY NO:			
ADDRESS:	DRIVER'S LICENSE NO: DATE OF BIRTH:			
CITY: PHONE:	DATE OF BIRTH:			
HEIGHT:	WEIGHT:		EYE COLOR:	
LIST ALL RE	SIDENCES DURING THE PAST	TEN YEARS WITH D	ATFS:	
FROM		ADDRESS	CITY	STATE
	EVER BEEN ARRESTED AND/OF TE DATE, CHARGE, AND DISPO			
ADE TUEDE	OTHER INDIVIDUALS OR BUSII	NIESS ENITITIES WAS	A DE DIDECTI V OD INDIDEC	TI V
	Y INTERESTED IN THIS CARDR			
BUSINESS N		ARDROOM INFORMA	TION	
BUSINESS I				
NUMBER OF	F CARD TABLES: 1 2 3	4 5 (Limit	ed to number of tables allowed o	on use permit)
		CERTIFICATION	DUE AND CORRECT THAT	
GIVEN A CC REGULATIO	ERTIFY THAT THE FOREGOING PPY OF CHICO MUNICIPAL COD INS CONTAINED THEREIN. I FU ON IS GROUNDS FOR DENIAL A	E CHAPTER 5.32-CA RTHER UNDERSTAN	RDROOMS, AND THAT I AM AV ND THAT FALSE OR WILLFUL (WARE OF THE
Applicant Sig	nature	Date		
		IANCE OFFICE USE		
DATE SUBM	SUBMITTED: VALID CITY OF CHICO USE PERMIT PROVIDED:*			
CR #:	PHOTO IDENTIFICATION:* RECEIVED BY:			
		* Attach Copy		
POLIC	E DEPARTMENT REVIEW		FINANCE DIRECTOR APP	ROVAL
	APPROVED DENIED		APPROVEDDEN	IED
Chief of Police	ce Signature		ce Director Signature	_
Date		Date_		