

RICHMOND POLICE DEPARTMENT

PERMIT APPLICATION



Check the Type of Permit Application Request

Initial Renewal

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

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 section number and answer on a separate piece of paper.*

Activity for which the permit is being requested:

Name of Partnership or Firm (for business permit renewal):

Address

Street City State Zip Code

Contact Name (for business permit renewal):

Contact Address:

Street City State Zip Code

Contact Telephone Number:

Home Work Cell

The length of time it takes to conduct an investigation depends on the accuracy and completeness of your application. If you have any further questions, please contact the Richmond Police Department (804) 646-0400

Date Submitted to Richmond Police Department: _____

SECTION 1 – PERSONAL HISTORY

Legal Name at Birth

All Other Names you have used (nickname, maiden name, etc.)

Social Security Number

Race	Sex	Height ft in	Weight lbs	Eye Color	Hair Color
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List any Scars, Marks or Tattoos

Date of Birth	Place of Birth City / County State Country
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Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Naturalized, Date of Naturalization	Green Card # (If applicable)
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Have you ever been arrested for any reason? No Yes

If yes, Explain (including DUI):

SECTION 2 – DRIVING HISTORY

Please provide the information on any Vehicle Operator’s License / Permit you have held

Type of License	State of Issuance	License Number	Date Issued	Date Expired

List **ALL** Traffic Violations or Citations (excluding Parking Tickets) that you have received in the past **10 YEARS**

1	Date	Charge
	Location of Charge	Disposition of Charge
2	Date	Charge
	Location of Charge	Disposition of Charge
3	Date	Charge
	Location of Charge	Disposition of Charge
4	Date	Charge
	Location of Charge	Disposition of Charge
5	Date	Charge
	Location of Charge	Disposition of Charge

SECTION 3 – EMPLOYMENT HISTORY

Start with your **PRESENT EMPLOYER** and work backward.

Include any / all periods of Unemployment and any / all periods of Self Employment

Employed From	-	Employed To	Name of Employer
Employer's Complete Address			Employer's Telephone Number
Position Held		Reason for Leaving	
Employed From	-	Employed To	Name of Employer
Employer's Complete Address			Employer's Telephone Number
Position Held		Reason for Leaving	
Employed From	-	Employed To	Name of Employer
Employer's Complete Address			Employer's Telephone Number
Position Held		Reason for Leaving	
Employed From	-	Employed To	Name of Employer
Employer's Complete Address			Employer's Telephone Number
Position Held		Reason for Leaving	
Employed From	-	Employed To	Name of Employer
Employer's Complete Address			Employer's Telephone Number
Position Held		Reason for Leaving	

SECTION 4 – ADDITIONAL INFORMATION

Have you ever been denied a permit or license similar to the one you are applying for now? No Yes

If yes, Explain:

Have you ever been denied employment by a law enforcement agency? No Yes

If yes, Explain:

Do you have any friends or relatives who are employed by the Richmond Police Department? No Yes

If yes, list below:

-
-
-
-
-
-
-
-
-

SECTION 6 – FAMILY AND HOUSEHOLD

Name	Address (Street, City, State)	DOB
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		

SECTION 7 – PERSONAL REFERENCES

List **FIVE (5)** Personal References – DO NOT include relative or employees

Name		Date of Birth	
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Address			
Street	City	State	Zip

Telephone

Name		Date of Birth	
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Address			
Street	City	State	Zip

Telephone

Name		Date of Birth	
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Address			
Street	City	State	Zip

Telephone

Name		Date of Birth	
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Address			
Street	City	State	Zip

Telephone

Name		Date of Birth	
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Address			
Street	City	State	Zip

Telephone

SECTION 8 – APPLICANTS FOR TAXI CAB OPERATOR’S PERMIT ONLY

Has your operator’s license ever been suspended or revoked? No Yes (attach copy of current DMV record)

If yes, Explain:

Do you have any hearing or eyesight problems? No Yes

If yes, Explain:

Have you ever driven a taxi cab before? No Yes

If yes, list company(s) and date(s):

Company Name	Date(s)

List your current taxi cab permit number:

What is the trade name, address and phone number of the company for which you currently drive?

Name		Telephone	
Street	City	State	Zip Code

Name of the Company Official who hired you:

SECTION 9 – BUSINESS INFORMATION (FOR BUSINESS PERMIT RENEWALS)

Business Name	Telephone
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Business Address (Physical)			
Street	City	State	Zip Code

Business Address (Mailing, if different from above)			
Street	City	State	Zip Code

Is this business a Partnership Corporation Other (specify)

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, **including yourself**

Name	Position Held	Social Security Number	Date of Birth

Type of Business:	<input type="checkbox"/> Store Front <input type="checkbox"/> Office	<input type="checkbox"/> Rod & Gun Club <input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Multi-family dwelling <input type="checkbox"/> Single family dwelling
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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. Individual(s) whose name(s) appear on Federal Firearms License:

- 1.
- 2.
- 3.
- 4.
- 5.

2. Is the applicant a firearms dealer registered with the Virginia State Police Department 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)

DECLARATION PAGE

- 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 12 (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 Signature	Date

Address			
Street	City	State	Zip Code

Social Security Number	Date of Birth

Witness Signature	Date

MUST BE SIGNED BY NOTARY OR SOMEONE WHO WITNESSES YOUR SIGNATURE