

WESTMINSTER POLICE DEPARTMENT
PERMIT APPLICATION FOR
PERMANENT MAKE-UP

NAME OF BUSINESS				BUSINESS PHONE #				TYPE OF BUSINESS			
BUSINESS ADDRESS						CITY				ZIP	
NAME OF APPLICANT				HOME ADDRESS				HOME PHONE #			
SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH		DRIVER'S LICENSE		SSN#		
NAME OF OWNER				HOME ADDRESS				HOME PHONE #			
SEX	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH		DRIVER'S LICENSE		SSN#		
HAVE YOU EVER HAD A PERMIT OR LICENSE ISSUED TO YOU BY A CITY, COUNTY OR STATE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES , BY WHOM _____						HAVE YOU EVER HAD A LICENSE OR PERMIT DENIED, SUSPENDED OR REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES , BY WHOM _____					
LIST ANY ARRESTS AND CONVICTIONS OF LAW, OTHER THAN A TRAFFIC VIOLATION.											

Any false, misleading or fraudulent statement, whether knowingly or negligently, made in connection with this application or in any document required by the Chief of Police, will result in denial or revocation of permit. Permit is not transferable to another person. Filing of application and payment of fees does not allow applicant to work. The receipt is not a work permit.

SIGNATURE: _____ DATE: _____

Please attach the following document: Copy of California's Driver's License
 Copy of Cosmetology License
 Copy of Health Permit/Establishment License

OFFICIAL USE ONLY											
File Fee \$ _____	ReceiptNo. _____	Received by: _____	Cosmetology License <input type="checkbox"/>		Health Permit/Establishment License <input type="checkbox"/>						
Approved _____	Chief of Police (or designee)				Denied _____	Chief of Police (or designee)					
Effective Date _____	Expiration Date _____	Permit No. _____	Date Issued _____								