

Personal Affidavit in Support of Application

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document.

Full Name:		last na	last name		middle name	
Home Address	:street		city	stat	te zip code	
Home Phone #	:		Business Pho	ne #:		
Business Addre						
Personal Des	street		city	sta	te zip code	
r ersonal best	cription.					
date of birth	sex	height	weight	hair color	eye color	
driver's license / Cali	fornia ID number	state of issue				
List any and a	ıll other names u	sed for legal identif	fication:			
Municipal Counderstand, a which zone in information of knowledge than y question	nde governing to and shall comply my business ref contained in this at all statements may be grounds	he type of license y with any attached ferenced above is application and a s made in this form	for which I am a d exhibits as well located. I declar any accompanyin are subject to inv sequent revocation	applying. I acknowle as all requirements e, under penalty of g documents is true estigation. Any false n of license. I declare	dale, California and the edge that I have read, of the zoning code for perjury, that all of the e and correct, with full or dishonest answer to e that I am authorized to	
	applicant's signature			date		