

# HOTEL/MOTEL MANAGER PERMIT

**RENEWAL MANAGER APPLICANTS** Must submit the following items annually:

1. Manager (MGR) Application (2 pages)
2. Police Clearance Form (1 page)
3. Bring or attach two (2) passport photos
4. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
5. Submit IMPRINTED check for fees

**Note:** All Managers are required to attend a Manager's Training Class scheduled annually in September.

\$ 208.00	Hotel/Motel Permit Investigative Fee
\$ 85.75	Hotel/Motel Manager Training Fee
<b>\$ 293.75</b>	<b>TOTAL "RENEWAL" Manager Permit Fees**</b>

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**NEW MANAGER APPLICANTS** Must submit the following items:

1. Manager (MGR) Application (2 pages)
2. Police Clearance Form (1 page)
3. Request for LIVE SCAN – Fingerprint (1 page)
4. Bring two (2) passport photos
5. Copy of current state-issued identification (i.e. Drivers License, Passport, etc.)
6. Contact Almarosa Vargas at 937-8952 to schedule fingerprint appointment
7. Submit IMPRINTED check for fees (Invoice sent prior to expiration)

**Note:** All Managers are required to attend a Manager's Training Class scheduled annually in September.

\$ 208.00	Hotel/Motel Permit Investigative Fee
\$ 85.75	Hotel/Motel Manager Training Fee
\$ 32.00	State Fingerprint Fee
\$ 20.00	City Fingerprint Fee
<b>\$ 345.75</b>	<b>TOTAL "NEW" Manager Permit Fees**</b>

The City of Stockton **DOES NOT** send out invoices for renewing Manager Permits. All required items must be submitted together and prior to expiration to Neighborhood Services.

Questions? Contact Almarosa Vargas in Neighborhood Services at 937-8952

Training scheduled for: \_\_\_\_\_

BL# \_\_\_\_\_

Fingerprint Appointment: \_\_\_\_\_

New  Renewal

CITY OF STOCKTON  
HOTEL, MOTEL AND/OR RESIDENTIAL HOTEL/MOTEL  
**MANAGER'S PERMIT APPLICATION**

Applicant's Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Hotel/Motel: \_\_\_\_\_

Location Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

1. Are you currently or have you ever owned/operated, managed or worked at a hotel, motel and/or residential hotel/motel?  Yes  No

If so, please provide the following information and answer the following questions separately for each facility (attach an additional sheet of paper if necessary):

Name of facility(s): \_\_\_\_\_

\_\_\_\_\_

Address of facility(s): \_\_\_\_\_

\_\_\_\_\_

How long did you own, operate or work at the facility(s)? \_\_\_\_\_

What was your capacity at the facility(s) (i.e., Manager, desk clerk, etc.,)? \_\_\_\_\_

Was the facility(s) you listed above ever cited for health, safety, fire and/or building code violation(s)?  Yes  No

> If so, were all corrections and/or repairs of those violations completed and approved within the time required on the citation?  Yes  No

During your involvement with the facility(s), have there been repeat citations for health, safety and/or building code violations?  Yes  No

In the past five years, has the facility(s) ever been cited for violations, and subsequently vacated due to corrections/repairs not being completed?  Yes  No

2. In the past three years, have you ever had a Manager's Permit denied, revoked or suspended within the State of California?  Yes  No

➤ If so, please provide the reason for denial, revocation and/or suspension: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever applied for a hotel, motel and/or residential hotel/motel manager's permit using a different name?  Yes  No

➤ If so, please provide the other name: \_\_\_\_\_

4. As the property owner, operator, manager and/or lessee of a hotel/motel, within the last five years, have you terminated your lease, defaulted on your loan, or otherwise discontinued your association with the property while violations as cited in a Notice of Violation, Notice and Order, Administrative Citation, etc. were still outstanding?  Yes  No

➤ If so, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Are you currently on probation or parole?  Yes  No

➤ If so, are you required to register each year:  Yes  No

6. Each manager and/or other person connected to the management of the business must complete a separate application and attach the following information (**SMC §7-111.31**)

- Department of Justice Background Check Application
- Two passport-size identity prints of the applicant (can be obtained through the Police Department at the time of fingerprinting at an additional cost)
- Registration for Residence Course of Study
- Written evidence that the applicant is 18 or older (i.e. copy of legal form of identification showing date of birth)

**I hereby certify under penalty of perjury that that above information is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE



P Number: \_\_\_\_\_

Business License Number: \_\_\_\_\_

Business Control Number: \_\_\_\_\_

**POLICE CLEARANCE APPLICATION  
CHIEF OF POLICE  
CITY OF STOCKTON, CALIFORNIA**

Appointment Date/Time: \_\_\_\_\_

INDIVIDUAL INFORMATION REQUIRED FOR CLEARANCE - APPLICANT

**TYPE OF CLEARANCE: (Check One)**

TRANSIENT PHOTOGRAPHER  
 PRIVATE SECURITY  
 PEDDLER  
 MESSAGE OWNER  
 CARD ROOM OWNER  
 TAXI CAB DRIVER  
 OTHER: \_\_\_\_\_

BINGO  
 SOLICITOR  
 MESSAGE TECH  
 CARD ROOM DEALER

APPLICATION: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

In applying for a license in the CITY OF STOCKTON, I offer the following information regarding myself:

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

A.K.A.(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

(CHECK ONE) MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SEPARATED: \_\_\_\_\_

DRIVER'S LICENSE NUMBER OR IDENTIFICATION NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

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

**PREVIOUS EMPLOYERS:**

COMPANY NAME	ADDRESS	CITY	STATE	COUNTRY
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**REFERENCES:**

NAME	ADDRESS	CITY	STATE	ZIP
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

RECORD OF ARRESTS (If none, initial here \_\_\_\_\_)

DATE OF ARREST	LOCATION OF ARREST	CHARGE(S)

**IMPORTANT NOTICE:** I declare under penalty of perjury that the statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial or revocation of the Regulatory work permit. I also understand I will be fingerprinted upon my initial application and will be photographed annually. I am aware that all fees associated with this application are non-refundable.

SMC CODE SECTION ISSUED \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

\*\*Fees Effective as of 07/01/2009 – (Fees Change Annually)

## **INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING**

**\*\*\*\*For "NEW" applicants only\*\*\*\***

1. Neighborhood Services **MUST** schedule your fingerprint appointment. Call 937-8952 for appointment.
2. You must be on time for your appointment. If you are more than 10 minutes late, you **MUST** reschedule for another date by calling 937-8952
3. Arrive 10 minutes early at 22 East Weber, GROUND FLOOR on the day of your scheduled appointment.
4. Finger Print Office is located in the Parking Garage Building on the GROUND FLOOR – 22 E. Weber Ave corner of Center Street and Weber Avenue.

**Stewart Eberhardt Building  
City of Stockton Police Department  
Evidence Identification Section  
22 E. Weber Ave GROUND FLOOR  
(Entrance is on the Center Street and Weber Ave. )**

**Appointment Date** \_\_\_\_\_

**Appointment Time** \_\_\_\_\_ **Arrive 10 minutes early**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: \_\_\_\_\_ Type of Application: \_\_\_\_\_  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_ Contact Name (Mandatory for all school submissions) \_\_\_\_\_

City State Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - \_\_\_\_\_  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City State Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_