

DONNY YOUNGBLOOD  
 Sheriff-Coroner  
 Public Administrator

**SHERIFF'S OFFICE**  
**COUNTY OF KERN**

Licensing Unit  
 Office #: (661) 391-7690  
 Email: license@kernsheriff.org



1350 Norris Road  
 Bakersfield, California 93308-2231

**RENEWAL WEAPONS DEALER LICENSE REQUIREMENTS/INVOICE**

RENEWAL APPLICATION FEE:	\$65	Can be submitted in person or by mail
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**Accepted forms of payment:** CASH, CHECK, MONEY ORDER, CREDIT CARD \*Only Mastercard, VISA, Discover

**Check or Money Order payable to:** COUNTY OF KERN

**Renewals mailed to:** Kern County Sheriff's Office  
 ATTN: Licensing Unit  
 1350 Norris Road  
 Bakersfield, CA 93308

**Please provide the Licensing Unit with the following required documents:**

<input type="checkbox"/> Completed Renewal Application <i>*Include Health Dept. and Fire Dept. signatures for approval or not required</i> <i>*Adding or changing an owner they must be live scanned or provide copy of live scan (additional fee \$32-\$52)</i>
<input type="checkbox"/> Copy of State Driver's License(s) <i>*Anyone listed on license. Provide <b>every</b> renewal year</i>
<input type="checkbox"/> Planning Dept. Approval and Copy of Receipt <i>*Provide <b>every</b> renewal year and must pay Planning directly. The Planning Dept. will inform you if you pay a renewal fee</i>
<input type="checkbox"/> Contact Fire Dept. and Health Dept. to see if you need approval and copy of Health Permit <i>*Provide <b>every</b> renewal year if departments sign off on initial application and must pay Health Dept. directly</i>
<input type="checkbox"/> Copy of Lease Agreement <i>*Don't own property/building. Provide <b>every</b> renewal year</i>
<input type="checkbox"/> Copy of Proof of Ownership <i>*Owns property/building. <b>Only</b> provide for a new application</i>
<input type="checkbox"/> Copy of Letter of Authorization from Homeowner <i>*<b>Only</b> if you rent/lease the home and <b>every</b> renewal year</i>
<input type="checkbox"/> Copy of Sellers Permit <i>*<b>Only</b> provide for a new application</i>
<input type="checkbox"/> Copy of Fictitious Business Statement <i>*D.B.A. statement i.e.: LLC, State License. <b>Only</b> provide for a new application</i>
<input type="checkbox"/> Copy of Federal Firearms License (F.F.L.) <i>*Provide <b>every</b> renewal year for anyone listed on license</i>
<input type="checkbox"/> Copy of Cert. of Eligibility (C.O.E.) <i>*Provide <b>every</b> renewal year for anyone listed on license</i>

<b>FOR KERN COUNTY SHERIFF'S OFFICE USE</b>		DATE RECEIVED:	
RECEIPT #:		AMOUNT RECEIVED:	
RECEIVED FROM:		TYPE OF PAYMENT:	
RENEWAL ISSUE DATE:		DATE LICENSE EXPIRES:	



# BUSINESS LICENSE APPLICATION

Please check applicable boxes and complete entire application.

- Individual
- Corporation
- New Application
- Information Change
- Husband/Wife
- Limited Liability Co.
- Renewal Application
- Additional Street Location
- Partnership

## BUSINESS INFORMATION

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Address Same As Above:

Or If different, Mail to: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Agent  
Operating Manager: \_\_\_\_\_

Type of Business: \_\_\_\_\_ (List Activities; List items buying or selling, Please Indicate if new items, used or both)

Business Tax Identification Number: \_\_\_\_\_

Seller Permit or Resale Number: \_\_\_\_\_ Health Permit Number(s): \_\_\_\_\_

I have read all of the above and declare under penalty of perjury that each and every statement made is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. "THIS LICENSE IS CONDITIONED UPON RECEIPT BY THE SHERIFF OF A SATISFACTORY REPORT FROM THE DEPARTMENT OF JUSTICE". The filing of an application for a license shall be deemed consent by the applicant, officers and applicant's or licensee's employees for the Sheriff's Office and other interested county departments including, but not limited to the directors of Planning and Development, Fire, Health, Building, and Zoning departments to determine all statements on the application are true, correct and that the ordinances and regulations are complied with. Furthermore, I understand that if my application for license or renewal is denied for any reason, the Sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement. (KERN COUNTY ORDINANCE CODE TITLE 5, CHAPTER 5.04.160)

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT PERSONAL INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Aliases/Other Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** **Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Have you ever been charged with a felony? \_\_\_\_\_

Have you been charged with a misdemeanor in the last five years? \_\_\_\_\_

Have you ever been in jail or prison? \_\_\_\_\_

If you answered YES to any of the above questions, please give date(s) and explanation of charges:

\_\_\_\_\_

**Former Employment**

(Begin with the most current for the past three years)

**FROM – TO**

**EMPLOYER**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Two References**

1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**I have read all the above and declare under penalty of perjury that each and every statement made is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license.**

**APPLICANT SIGNATURE**

**DATE:** \_\_\_\_\_

**COUNTY BUSINESS TYPE AND LOCATION:**

Per County ordinance Title 5 Business Licenses and Regulations, 5.04.010 and 5.04.020, please check the appropriate boxes for the type of license applicable to your business:

- |   |  |
|---|--|
| <input type="checkbox"/> Street Vendor                | <input type="checkbox"/> Food Sales                    |
| <input type="checkbox"/> Itinerant (Mobile) Peddler   | <input type="checkbox"/> Ice Cream or Shaved Ice Truck |
| <input type="checkbox"/> Dance (non-residential only) | <input type="checkbox"/> Shaved Ice Shack              |
| <input type="checkbox"/> Loose Vehicle Parts          | <input type="checkbox"/> Traller                       |
| <input type="checkbox"/> Fortune Teller               | <input type="checkbox"/> Catering Truck / Van          |
| <input type="checkbox"/> Commercial Photographer      | <input type="checkbox"/> New Items                     |
| <input type="checkbox"/> Taxi Cab Service             | <input type="checkbox"/> Used Items                    |
| <input type="checkbox"/> Taxi Cab Driver              | <input type="checkbox"/> Produce                       |
| <input type="checkbox"/> Bingo (must be nonprofit)    | <input type="checkbox"/> Firearm Sales                 |
| <input type="checkbox"/> Locksmith                    | <input type="checkbox"/> Ammunition Sales              |
| <input type="checkbox"/> Circus/Carnival              | <input type="checkbox"/> Tire Sales                    |
| <input type="checkbox"/> Swap Meet Owner              | <input type="checkbox"/> Home Office                   |
| <input type="checkbox"/> Massage Establishment        | <input type="checkbox"/> Stand/ Table                  |
| <input type="checkbox"/> Temporary Business License   | <input type="checkbox"/> On Line Sales                 |
| <input type="checkbox"/> Adult Entertainment          | <input type="checkbox"/> Commercial Zoned Building     |
| <input type="checkbox"/> Weapon Dealer                | <input type="checkbox"/> Shooting Gallery              |

Physical Street Address or location where business or sales is/are conducted: (Provide written permission, rental or lease agreement for premises. Provide home occupational permit for residential business, a site plan may be required)

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

LOCATION: \_\_\_\_\_

DAYS: \_\_\_\_\_

HOURS: \_\_\_\_\_

**Below is for County Department Approval of Business License Application**

Sheriff's Office	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Planning or Zoning	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			
Environmental Health	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			
Fire	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	By: _____	Date: _____
Comments: _____			





### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0150000

ORI (Code assigned by DOJ)

LICENSE, CERT OR PERMIT

Authorized Applicant Type

**WEAPONS DEALER**

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

**KERN COUNTY SHERIFF OFFICE**

Agency Authorized to Receive Criminal Record Information

03739

Mail Code (five-digit code assigned by DOJ)

**1350 NORRIS RD**

Street Address or P.O. Box

**LICENSING UNIT**

Contact Name (mandatory for all school submissions)

**BAKERSFIELD**

City

**CA**

State

**93308**

ZIP Code

**(661) 391-7690**

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ  FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

#### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

**County Business License Fees**  
**Required License**  
**County Ordinance 5.04.160**

**TYPE OF LICENSES**                      **INITIAL FEE**                      **RENEWAL FEE**

Adult Entertainment	Call for Info.	Call for Info.
Bingo	\$50.00	\$50.00
Bingo – One Day	\$15.00	N/A
Carnival	\$211.00	\$166.00
Circus	\$181.00	\$166.00
Card Room Employees	\$100.00	\$75.00
Commercial Photography	\$80.00	\$40.00
Dance – Public	\$100.00	\$30.00
Dance – One Day (non- residential)	\$20.00	N/A
Food Peddler	\$25.00	\$25.00
Fortune Teller	\$130.00	\$65.00
Itinerant Peddler	\$130.00	\$65.00
Locksmith	\$105.00	\$40.00
Loose Vehicle Parts	\$105.00	\$65.00
Massage Establishment	\$166.00	\$75.00
Street Vendor	\$130.00	\$65.00
Swap Meets	\$281.00	\$216.00
Taxicab Service	\$80.00	\$65.00
Taxi Driver	\$55.00	\$40.00
Temporary Business	\$130.00	\$115.00
Weapons Dealer	\$130.00	\$65.00

**Additional fees collected upon submission of application**

Each additional cart, basket, or vehicle for food sales: \$15.00

Record Search by fingerprints will be charged per Department of Justice Fee and Live Scan Agency Rolling Fee

You may print the application from either the Kern County or Sheriff's website or obtain an application at the Kern County Sheriff's office at 1350 Norris Road, Bakersfield, CA 93308. Business License hours are listed below. Licensing Unit Phone (voicemail only) 661-391-7690 Email: [license@kernsheriff.org](mailto:license@kernsheriff.org)

**Public Hours: (Excluding Holidays)**

Monday, Wednesday, Friday 8AM-12PM

Tuesday, Thursday 12PM-4PM

**Business License Hours: (Excluding Holidays)**

*Same hours for Explosive Permittees, Casino Employees, Secondhand Dealer, and Pawnbroker Licenses*

Fridays Only 8AM-12PM preferably by appointment

<p><i>California Dept. of Tax and Fee Administration</i>  <b>SELLER'S PERMIT</b>  1800 30<sup>th</sup> Street., Ste. 380  Bakersfield, CA 93301  661.395.2880  <a href="http://www.cdtfa.ca.gov">www.cdtfa.ca.gov</a></p>	<p><i>Kern County Clerk</i>  <b>FICTITIOUS BUSINESS</b>  1115 Truxtun Avenue., 1<sup>st</sup> Floor  Bakersfield, CA 93301  661.868.3588  <a href="http://www.kerncountyclerk.com">www.kerncountyclerk.com</a></p>	<p><i>Public Health (Environmental Health)</i>  <b>HEALTH PERMITS</b>  2700 M Street., Ste. 300  Bakersfield, CA 93301  661.862.8740  <a href="http://www.kernpublichealth.com">www.kernpublichealth.com</a></p>		
<p><i>Planning Department</i>  <b>HOME/USE/CONDITIONAL</b>  2700 M Street., Ste 100  Bakersfield, CA 93301  661.862.8600  <a href="http://www.kernplanning.com">www.kernplanning.com</a></p>	<p><i>Bureau of Alcohol, Tobacco, &amp; Firearms</i>  <b>FIREARMS &amp; EXPLOSIVES</b>  877.283.3352 (Explosives)  866.662.2750 (Firearms)  <a href="http://www.atf.gov">www.atf.gov</a></p>	<p><i>Department of Justice</i>  <b>CERTIFICATE OF ELIGIBILITY</b>  <a href="http://www.oag.ca.gov/firearms/cert-eligibility">www.oag.ca.gov/firearms/cert-eligibility</a>  <a href="http://www.cfars.doj.ca.gov/login">www.cfars.doj.ca.gov/login</a></p>		
<p><i>Kern County Fire Department (Fire Prevention)</i>  <b>EXPLOSIVE PERMIT/FIRE INSPECTIONS</b>  2820 M Street  Bakersfield, CA 93301  661.391.3310  <a href="http://www.kerncountyfire.org">www.kerncountyfire.org</a></p>	<p><i>Public Works Department</i>  <b>CODE COMPLIANCE</b>  2700 M Street., Ste 570  Bakersfield, CA 93301  661.862.8603  <a href="http://www.kernpublicworks.com">www.kernpublicworks.com</a></p>	<p><i>Bureau of Security &amp; Investigation</i>  <b>LOCKSMITH LICENSE</b>  2420 Del Paso Road., Ste 270  Sacramento, CA 95834  916.322.4000  800.952.5210  <a href="http://www.bsis.ca.gov">www.bsis.ca.gov</a></p>		
<p><i>Bureau of Automotive Repair</i>  <b>AUTO REPAIR LICENSE</b>  3331 Sillect Avenue  Bakersfield, CA  661.335.7400  <a href="http://www.bar.ca.gov">www.bar.ca.gov</a></p>	<p><i>Alcohol Beverage Control (ABC)</i>  <b>LIQUOR LICENSE</b>  4800 Stockdale Highway, Ste. 213  Bakersfield, CA 93309  661.395.2731  <a href="http://www.abc.ca.gov">www.abc.ca.gov</a></p>	<p><i>Agriculture &amp; Measurement Standards</i>  <b>MEASUREMENT STANDARDS</b>  1001 S. Mt. Vernon Avenue  Bakersfield, CA 93307  661.868.6300  <a href="http://www.kernag.com">www.kernag.com</a></p>		
<p><i>Department of Motor Vehicles</i>  <b>VALID IDENTIFICATION</b>  3120 F Street  Bakersfield, CA 93301  800.777.0133  <a href="http://www.dmv.ca.gov">www.dmv.ca.gov</a></p>	<p><i>CA Massage Therapy Council</i>  <b>Massage License/Certificate</b>  1 Capitol Mall., Ste 800  916.669.5336  <a href="http://www.camtc.org">www.camtc.org</a></p>	<p><i>Waste Tire Management</i>  <b>TP ID NUMBER</b>  866.896.0600  <a href="http://www.calrecycle.ca.gov">www.calrecycle.ca.gov</a></p>		
<p><i>California Department of Food and Agriculture</i>  1220 N Street  Sacramento, CA 95814  916.654.466  <a href="http://www.cdfa.ca.gov">www.cdfa.ca.gov</a></p>	<p><i>Consumer Affairs</i>  <b>STATE LICENSE</b>  800.952.5210 / 916.322.4000  <a href="http://www.dca.ca.gov">www.dca.ca.gov</a></p>	<p><i>Kern County Main Office</i>  1115 Truxtun Avenue., 5<sup>th</sup> Floor  Bakersfield, CA 93301  661.868.3140  <a href="http://www.kerncounty.com">www.kerncounty.com</a></p>		
<p><i>Internal Revenue Service (IRS)</i>  800.829.1040 (individuals)  800.829.4933 (businesses)</p>	<p><i>Federal HAZMAT Request</i>  <b>Local Enrollment-IdentoGO</b>  855.347.8371  7737 Meany Avenue., Ste 89  Bakersfield, CA 93308</p>	<p><i>Kern County Sheriff's Office</i>  1350 Norris Road  Bakersfield, CA 93308  661.391.7500  <a href="http://www.kernsheriff.org">www.kernsheriff.org</a></p>		
<p><i>City of Arvin</i>  200 Campus Dr.  661.854.3134</p>	<p><i>Bakersfield City</i>  1600 Truxtun Ave  661.326.3762</p>	<p><i>California City</i>  21000 Hacienda Blvd  760.373.8661</p>	<p><i>City of Delano</i>  1015 11<sup>th</sup> Ave  661.720.2265</p>	<p><i>City of McFarland</i>  401 W Kern  661.792.3091</p>
<p><i>City of Ridgecrest</i>  100 W. California  760.499.5026</p>	<p><i>City of Shafter</i>  336 Pacific Ave  661.746.5001</p>	<p><i>City of Taft</i>  209 E. Kern  661.763.1350</p>	<p><i>City of Tehachapi</i>  115 S. Robinson  661.822.2200</p>	<p><i>City of Wasco</i>  764 E Street  661.758.7230</p>