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

NEW WEAPONS DEALER LICENSE REQUIREMENTS/INVOICE

NEW APPLICATION FEE:	\$130	MUST BE SUBMITTED IN PERSON
LIVE SCAN FEE:	\$32.00 + Rolling Fee	PRINTED BY OUR OFFICE \$52

ACCEPTED FORMS OF PAYMENT: CASH, CHECK, MONEY ORDER, CREDIT CARD *Mastercard, VISA, Discover

CHECK OR MONEY ORDER PAYABLE TO: COUNTY OF KERN

PLEASE PROVIDE THE LICENSING UNIT WITH THE FOLLOWING REQUIRED DOCUMENTS:

FLEASE PROVIDE THE EIGENSING ONLY WITH THE POLLOWING REQUIRED BOCCHMENTS.
□ Completed New Application and Live Scan Form
*Anyone listed on license will need to fill out page 2 of the application and a live scan form
☐ Copy of State Driver's License(s)
*Anyone listed on license. Provide <u>every</u> renewal year
☐ Planning Dept. & Health Dept. Approval(s) and Copy of Receipt(s)
*Provide <u>every</u> renewal year and must pay Planning directly
☐ Contact Fire Dept. and Health Dept. to see if you need approval and copy of Health Permit
*Provide <u>every</u> renewal year if departments sign off on initial application and must pay Health Dept. directly
□ Copy of Lease Agreement
*Don't own property/building. Provide <u>every</u> renewal year
□ Copy of Proof of Ownership
*Owns property/building. <u>Only</u> provide for a new application
□ Copy of Letter of Authorization from Homeowner
* <u>Only</u> if you rent/lease the home and <u>every</u> renewal year
□ Copy of Sellers Permit
* <u>Only</u> provide for a new application
□ Copy of Fictitious Business Statement
*D.B.A. statement i.e.: LLC, State License. <u>Only</u> provide for a new application
☐ Copy of Federal Firearms License (F.F.L.)
*Provide <u>every</u> renewal year for anyone listed on license
☐ Copy of Cert. of Eligibility (C.O.E.)
*Provide <u>every</u> renewal year for anyone listed on license
☐ Copy of Completed Live Scan Form
*If printed somewhere other than the Sheriff's Office

FOR KERN COUN	TY SHERIFF'S OFFICE USE	DATE RECEIVED:	
RECEIPT #:		AMOUNT RECEIVED:	
RECEIVED FROM:		TYPE OF PAYMENT:	
DATE INITIAL LICENSE ISSUED:		DATE LICENSE EXPIRES:	



BUSINESS LICENSE APPLICATION

Individual	Please check applicable box	es and complete entire application.		
BUSINESS NAME: Business Address: City: Zip: Mail Address Same As Above: Or If different, Mail to: City: Zip: Company Phone: Company Phone: Owner Phone: Owner Phone: Owner Address: Owner Address: City: Zip: City: Zip: Company Phone: Owner Address: 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: Business Tax Identification 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 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 compiled with Furthermore, I understand that if my application for licensee 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)		☐ Limited Liability Co.	State of the state	
Business Address: Mail Address Same As Above: Or If different, Mail to: City: Zip: Company Phone: Company Phone: Cowner Name: Owner Phone: Owner Phone: City: Zip: City: Zip: Company 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 Offic 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 compiled with. Furthermore, I understand that if my application are true, correct and that the ordinances and regulations are compiled 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)		BUSINESS	INFORMATION	
Mail Address Same As Above: Or If different, Mail to: City: Zip: Company Phone: Email Address: Owner Name: Owner Phone: City: Zip: Company Phone: City: Zip: Company Phone: City: Zip: Company Phone: City: Zip: Company Phone: City: Zip: Company Phone: City: City: Zip: Company Phone: City: Cit	BUSINESS NAME:			
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Company Phone: 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 filling of an application for a license shall be deemed consent by the applicant, officers and applicant's or licensee's employees for the Sheriffs Officend 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)		bove:	Oit.	Zip:
Owner Name: 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 Sheriffs 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)	Company Phone:		Email Address:	
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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 Officent 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)			City	Zip:
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APPLICANT SIGNATURE DATE	falsifying the information on t UPON RECEIPT BY THE SH application for a license shall and other interested county of and Zoning departments to d complied with. Furthermore, only that portion of the fee al	this form may constitute grounds for HERIFF OF A SATISFACTORY RE! I be deemed consent by the applica departments including, but not limite determine all statements on the application.	denial or revocation of the license. PORT FROM THE DEPARTMENT (ant, officers and applicant's or licensed to the directors of Planning and D lication are true, correct and that the for license or renewal is denied for a	"THIS LICENSE IS CONDITIONED OF JUSTICE". The filing of an ee's employees for the Sheriff's Office evelopment, Fire, Health, Building, e ordinances and regulations are any reason, the Sheriff shall refund
	APPLICANT SIGNATURE			DATE

APPLICANT PERSONAL INFORMATION

of Birth:	Height:	Weight:
	Casial Casumitu N	· mbau
er's Li <u>cense Number:</u> Street Address:	Social Security N	umper.
'ess:	Otata .	71
City:	State:	Zip:
ne:	Work Phone:	
you ever been charged with a	elony?	
you been charged with a misde	meanor in the last five years?	
you ever been in jail or prison?		
answered YES to any of the al	ove questions, please give date(s) and ex	planation of charges:
/5-	Former Employment	
(Be	gin with the most current for the past three	e years)
FROM - TO	<u>EMPLOYER</u>	ADDRESS
	Liet Two Deferences	
	List Two References	
ame:	List Two References Telephone:	
ame:		
Company of the second s		
ess:	Telephone:	

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:

Physical Street Address agreement for premises. NAME: LOCATION: DAYS: HOURS:	Provide home occupati	only) oher ofit) nt License ess or sales is ional permit for	r resi	Food Sales Ice Cream or Shaved Ice Truck Shaved Ice Shack Trailer Catering Truck / Van New Items Used Items Produce Firearm Sales Ammunition Sales Tire Sales Home Office Stand/ Table On Line Sales Commercial Zoned Building Shooting Gallery conducted: (Provide written permission, rerdential business, a site plan may be required.)	d)
Sheriff's Office	Approved: □ Denied: □	Ву:			Date:
Planning or Zoning	Approved: □ Denied: □	By:			Date:
Comments:					
Environmental Health	Approved: □ Denied: □	Ву:			Date:
Comments:					
Fire Comments:	Approved: □ Denied: □	Ву:		V - P - P - P - P - P - P - P - P - P -	Date:

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

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

California Dept. o	of Tax			Pub	olic Health	
and Fee Administr		-	Kern County Clerk		mental Health)	
SELLER'S PERM		FICTITIOUS BUSINESS			TH PERMITS	
1800 30 th Street., S		1115 Truxtun Avenue., 1st Floor			Street., Ste. 300	
Bakersfield, CA 9		Bakersfield, CA 93301			ield, CA 93301	
661.395.288			661.868.3588		.862.8740	
www.cdtfa.ca.g		www.kerncountyclerk.com			publichealth.com	
www.cutia.ca.	gov	<u>vv</u>	ww.kerncountyclerk.com	www.kem	<u>Jubilchealth.com</u>	
Planning Departi	ment	Bureau	of Alcohol, Tobacco, & Firearn		nent of Justice	
HOME/USE/CONDI	TIONAL	FIREARMS & EXPLOSIVES		CERTIFICA	TE OF ELIGIBILITY	
2700 M Street., St	te 100	877.283.3352 (Explosives)		www.oag.ca.gov/firearms/cert-eligibil		
Bakersfield, CA 9	3301	8	366.662.2750 (Firearms)	www.cfars	.doj.ca.gov/login	
661.862.860			www.atf.gov			
www.kernplannin			,	-		
Vorn County Fire Dor	artment		ublic Works Department	Rureau of Sec	urity & Investigation	
Kern County Fire Dep (Fire Prevention)		,	CODE COMPLIANCE		MITH LICENSE	
		- 8	2700 M Street., Ste 570		aso Road., Ste 270	
XPLOSIVE PERMIT/FIRE		85		600		
2820 M Stree			Bakersfield, CA 93301		ento, CA 95834	
Bakersfield, CA 9			661.862.8603		.322.4000	
661.391.331	.T.O.	w	ww.kernpublicworks.com	7.55	.952.5210	
www.kerncountyf	ire.org	20		www	.bsis.ca.gov	
Bureau of Automotiv	ve Repair	Alco	hol Beverage Control (ABC)	Agriculture & M	easurement Standards	
AUTO REPAIR LIC	CENSE		LIQUOR LICENSE	MEASUREN	IENT STANDARDS	
3331 Sillect Ave	enue	4800 Stockdale Highway, Ste. 213		1001 S. Mt	1001 S. Mt. Vernon Avenue	
Bakersfield, C	CA		Bakersfield, CA 93309	Bakersf	Bakersfield, CA 93307	
661.335.740	0		661.395.2731	661	.868.6300	
www.bar.ca.g	ov		www.abc.ca.gov	www.	kernag.com	
Department of Motor	r Vehicles		Massage Therapy Council		re Management	
VALID IDENTIFICA	ATION		assage License/Certificate		O NUMBER	
3120 F Stree	t	0.0	1 Capitol Mall., Ste 800		.896.0600	
Bakersfield, CA 9	3301		916.669.5336	www.ca	lrecycle.ca.gov	
800.777.013	3		www.camtc.org			
www.dmv.ca.g	gov					
California Departmen	at of Food		Consumer Affairs	Kern Cou	nty Main Office	
and Agricultu			STATE LICENSE		Avenue., 5 th Floor	
1220 N Stree		800	0.952.5210 / 916.322.4000		ield, CA 93301	
Sacramento, CA 9			www.dca.ca.gov	AMERICAN ASSESSMENT	.868.3140	
916.654.466			www.uca.ca.gov	T AMOS PAGE	erncounty.com	
www.cdfa.ca.g					county.com	
www.cura.ca.g	<u>gov</u>					
Internal Revenue Ser	vice (IRS)	F	ederal HAZMAT Request	Kern Coun	ty Sheriff's Office	
800.829.1040 (indiv	manager ingestion		ocal Enrollment-IdentoGO		Norris Road	
800.829.4933 (businesses)			855.347.8371	Bakersfield, CA 93308		
		77	37 Meany Avenue., Ste B9		661.391.7500	
			Bakersfield, CA 93308		ernsheriff.org	
City of Arvin	Bakersfield	l City	California City	City of Delano	City of McFarland	
City of Arvin	<i>Bakersfield</i> 1600 Truxtu		California City 21000 Hacienda Blvd	City of Delano 1015 11 th Ave	City of McFarland 401 W Kern	
<i>City of Arvin</i> 200 Campus Dr. 661.854.3134	Bakersfield 1600 Truxtu 661.326.3	ın Ave	California City 21000 Hacienda Blvd 760.373.8661			
200 Campus Dr. 661.854.3134	1600 Truxtu 661.326.3	in Ave 3762	21000 Hacienda Blvd 760.373.8661	1015 11 th Ave 661.720.2265	401 W Kern 661.792.3091	
200 Campus Dr.	1600 Truxtu	n Ave 3762 after	21000 Hacienda Blvd	1015 11 th Ave	401 W Kern	

The Kern County Sheriff's Office issues business licenses for the unincorporated areas per Title 5 Business Licenses and Regulations Section 5.04.010. If the business is conducted within the city limits, please contact the appropriate city licensing office. The sheriff's office may require applicants, managers and/ or employees to be fingerprinted as per Section 5.04.050. If the business is a corporation, then the authorized corporate officers will be required to be fingerprinted. Title 5, Business Licenses and Regulations, Section 5.04.020 defines businesses requiring licenses.

County Business License for Unincorporated areas of the County of Kern

Aerial Acres	Arvin	Bakersfield	Bear Valley Springs
Boron	Buttonwillow	Caliente	California City
Delano	Derby Acres	Dustin Acres	Earlimart
Edison	Edwards	Fellows	Ford City
Frazier Park	Glennville	Golden Hills	Gorman
Greenacres	Greenfield	Kernville	Lake Isabella
Lamont	Lebec	Maricopa	McFarland
McKittrick	Mettler	Mojave	North Edwards
Oildale	Onyx	Pine Mountain Club	Pond
Posey	Ridgecrest	Rosamond	Rosedale
Shafter	Stallion Springs	Taft	Tehachapi
Tupman	Valley Acres	Walker Basin	Wasco
Weldon	Willow Springs	Wofford Heights	Woody

Kern County Licensing Unit

1350 Norris Road, Bld. A Bakersfield, California 93308 (661) 391-7690

license@kernsheriff.org

Office Hours: (Excluding Holidays)
Monday through Friday 8AM – 4:00PM
Public Hours: (Excluding Holidays)

Monday, Wednesday, Friday 8AM-12PM Tuesday, Thursday 12PM-4PM

Public Fingerprinting (Appointments Only) Hours: (Excluding Holidays)

Monday & Wednesday 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 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

LETTER OF AUTHORIZATION

I, the undersigned as authorized Owner of Prop following location where vendor is conducting busing	
Street Address, City, State, Zip Code	
Located within the unincorporated area of the Coulagreement, I have authorized a moving/stationary	nty of Kern acknowledge that, pursuant to separate business to be conducted by:
Applicant Name:	
Name of Business:	
To conduct business as a vendor or temporary busi secondhand dealer/pawnbroker, weapons dealer, of following date(s):	ness: i.e.: street vendor, food peddler, bingo, commercial photography, or itinerant peddler on the
☐Specific date(s) as follows:	
☐ Or continuously for the following days and hours expiration of business license:	
Agreement shall terminate on this date:	or
 On the transfer or assignment of interest in or lessee. On any change of the authorizing manager 	the property from the authorizing property owner,
In the event of termination, the temporary bus authorization to conduct his business on the pr remove their personal or business items.	iness applicant shall either obtain a new operty, or immediately stop conducting business an
I have not issued any other authorizations for the sadates of commencement.	ame property for the same date(s) or overlapping
Date of Authorization:	
Print Name of Authorization Owner/Manager Owner/Manager Phone Number:	Signature, Title, Date
Print Applicant Name	Signature, Title, Date



REQUEST FOR LIVE SCAN SERVICE

CA0150000 ORI (Code assigned by DOJ) WEAPONS DEALER	LICENSE, CERT OR PERMIT Authorized Applicant Type	
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	03739	
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DO	J)
1350 NORRIS RD	LICENSING UNIT	
Street Address or P.O. Box	Contact Name (mandatory for all school su	ıbmissions)
BAKERSFIELD CA 93308	(661) 391-7690	
City State ZIP Code	Contact Telephone Number	
Applicant Information:	First Name	Middle Initial Sur
Control Control		
Other Name (AKA or Alias) Last	First	Sut
Date of Birth Sex Male Female	Driver's License Number	
Height Weight Eye Color Hair Color	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 DC	D7)
Street Address or P.O. Box		
City State ZIP Code	Telephone Number (optional)	
Live Scan Transaction Completed By:		· ·
Name of Operator	Date	
	·*	