

TOWN OF PARADISE

POLICE DEPARTMENT

5595 Black Olive Drive, Paradise, CA 95969 • 24-Hour (530) 872-6241 • General (530) 872-6161 • FAX (530) 872-4950

INSTRUCTIONS TO APPLICANT

Secondhand Dealer-Initial or Renewal

In order to obtain or renew your local regulatory permit as a Secondhand Dealer in the Town of Paradise, please complete the following items and return them to the Paradise Police Department: By applying for a Secondhand Dealer Permit, you are also registering for the Town's Business License. (Business License Fee Waived)

- Completed and signed Business License Application
- Secondhand Dealer License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 <u>OR</u>
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - Effective August 17, 2012, all licensees, holding a license issued on or before August 17, 2012, who remitted the requisite fees prior to the passage of Assembly Bill 391, shall within 120 days, pay an additional fee of \$288.00 to the DOJ pursuant to B&P §21642.5.
- Completed Live Scan fingerprint application for Secondhand Dealers (Initial Only)
- Payment of Live Scan fees (Initial Only)
- Completed Department of Justice Secondhand Dealer Application with check for \$300.00 made payable to the Department of Justice (Initial and Renewal)
- Surety Bond (Copy) (Initial and Renewal)
- Copy of State Secondhand Dealer License (JUS 126A) (Initial and Renewal)

A Live Scan fingerprint appointment will be made at the time the completed application is submitted. Payment for Live Scan services is payable to the Town of Paradise at the time of the Live Scan appointment. Live Scan fees are non-refundable. Live Scan results are returned directly to the Department of Justice who will, in turn, issue a Certificate of Eligibility directly to the Police Department. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints or Certificates.

No applications will be approved until the Certificate is received by the Police Department.

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Secondhand Dealer license.

- Approval by Police Department and/or
- Approval by Planning Director

Secondhand Dealer licenses are valid for twenty-four months (24) from the date of issue. To renew, please submit updated applications and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply. Please see the Department of Justice website and the Secondhand Dealer/Pawnbroker Handbook for further information and reporting requirements.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com.

It is unlawful for any person or entity to violate or fall to comply with the provisions of chapter 5.10 of the Paradise Municipal Gode. Such violation shall be purishable as an infraction.
 Under Federal and State law, at fee may be collected in addition to any other fees for compliance with disability access laws.



Town of Paradise Business License Application

5555 Skyway Paradise, CA 95969 Tel: 530-872-629 I www.townofparadise.com

O New Business (\$40) O Renewal (\$25) O Con	nmercial O Home Based Business	○ Bank		
Information	BUSINESS INFORMATION in this section is available to the public if req	uected		
Business Name:	in and section is available to the public in req	dested		
Business Phone:	Business Website:	Business Website:		
Business Address:	Would you like your Business Name	Would you like your Business Name and Website included in an online directory? O Yes O No		
City:	State: ZIP C	tate: ZIP Code:		
Business Mailing Address (if different) (Address, City, State a	and ZIP):			
NAICS Code: If you do not know your NAICS code, visit https://www.census.gov/eos/www/naics/		Retail / Construction & Development / Technology & Communication / Food Services & A Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities		
Number of Employees:	State of California Seller's Permit Nu	State of California Seller's Permit Number:		
Hours/Days of Operation:	Tax Exempt O Yes O No	Religious Organization O Yes O No		
Please describe in detail your business activity to be conduct	ed within the Town of Paradise:			
	CT INFORMATION (PLEASE LIST 3 conal Contact information will be kept private	UNIQUE CONTACTS)		
Contact 1 – Business Owner Name:	Phone 1:	Phone 2:		
	Email:	Email:		
Contact 2 – Name and Relationship/Title:	Phone 1:	Phone 2:		
	Email:	Email:		
Contact 3 – Name and Relationship/Title:	Phone 1:	Phone 2:		
	Email:			
Property Owner Name (if different from business owner)	Phone 1:	Phone 2:		
	Email:			
Alarm Permit Number:	Alarm Type (circle all that apply):	Alarm Type (circle all that apply):		
Alarm Company:	Water Flow / Smoke Detector / Hea	Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder / Other		
8 =				
Responsible Contact:	Discourse	Phone		
Janitorial Service:	Hours at Location:	Phone:		
BUILDING INFORMAT	TON (NOT REQUIRED IF LOCATED	OUTSIDE DADADISE)		
	in this section is available to the public if req			
Structure Type (circle one): Commercial / Residential Single Family / Residential Multi–Family / Assembly / Manufacturing / Other		Floor plan diagram (Optional FD Use)		
Animals Located on Business Premise? O Yes O No	Fire Suppression System (Sprinklers O Yes O No	Knox Box? O Yes O No		
Utility Shutoff Locations : Gas: Electric:	Hazardous Materials Location: For information on reporting requirements, vi	Hazardous Materials on site? O Yes O No Hazardous Materials Location: For information on reporting requirements, visit http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx		

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291

Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

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Specialty Perm	nit Information	Initial	Renewal	
	TO BE COM	PLETED BY APPLICANT		
Applicant Name:		Event Location:		
Home Address:		Event Dates:	to	
City:	State ZIP:	Event Times:	to	
Home Phone:		Event Dates:	to	
DOB:	SSN:	Event Times:	to	
CDL:	State Expires:	Event Located	Event Located in Downtown Paradise Area	
Mobile	E-Mail	Type of Merchand	Type of Merchandise being sold?	
Address:		From	То	
Address:		From	То	
Address:		From	То	
Have you ever been conviction	victed of a felony, as defined by California law	? YES	NO	
Have you ever been requ	rired to register with a law enforcement agenc	y pursuant to Section 290 of the Pen Law Enforceme		
	ny person knowingly to falsify or conceal any diction of any department or agency of the To		statement or misrepresentation in any matter or	
I declare under the p	enalty of perjury that the foregoing is tr	rue and complete to the best of	my knowledge and belief.	
Signature:			Date	