



**San Ramon Police Department  
 2401 Crow Canyon Road  
 San Ramon, CA 94583  
 Ph: (925) 973-2700  
 Fax: (925) 838-2925**

**APPLICATION FOR MESSAGE OPERATOR'S PERMIT  
 and/or  
OUTCALL MESSAGE SERVICE  
 [Operator's Face Sheet]**

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<b>APPLICANT NAME</b>	<b>DATE OF APPLICATION</b>
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**NATURE OF BUSINESS:** (check one or both)

- Message Establishment**
- Outcall Service**

**OWNERSHIP:** (check only one)

- Individual** (Self employed, "independent contractor", etc.)
- Corporation**
- Partnership**

List names and addresses of all officers, directors, shareholders, general and limited partners and financially interested persons. Each listed person must fill out a **separate application packet** and is subject to a complete background check.

NAME:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_