



# Locksmith/Key Duplicator

## *Section 103.208*

### STEPS FOR OBTAINING A PERMIT

- 1. Submission:** Applications will not be accepted by mail. Please send your completed application documents by email to [pcpermitapplications@lapd.online](mailto:pcpermitapplications@lapd.online)
- 2. Review:** Once received, an Investigator will review your application for completeness and reach out to schedule your in-person appointment.
- 3. Appointment:** During the appointment you will turn in the original application documents and complete the payment required for processing the permit with the Office of Finance.
- 4. Investigation:** The Investigator assigned to your case will complete the investigation and reach out to inform you of the final notice.

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#### PLEASE NOTE

- This permit applies to both mobile businesses and those with an established location. Please specify which is relevant to your business. If you are doing the mobile version, you will need to submit photos of the vehicle which must contain your CID number (issued after granting).
- Other police permits may apply to your business as determined by your investigator. The cost of processing applications for this permit is **\$107.00**, subject to change.
- CID does not have a designated area for visitors. If you plan to park on the street, metered parking is limited to 1 hour. Plan ahead, and allow extra time to find a parking garage. Please be prepared for any unexpected delays or parking issues.
- Permits are **not transferable**. If you are moving locations or there is a change in ownership, you are required to re-apply.

**If your application remains incomplete 30 days after submission, your case will be filed without further action, and you will NOT be allowed to continue with the process. You may resubmit at any point after you have made the necessary changes to your application.**

You can find more information pertaining to this permit at: [https://codelibrary.amlegal.com/codes/los\\_angeles/latest/lamc/0-0-0-193183#JD\\_103.208](https://codelibrary.amlegal.com/codes/los_angeles/latest/lamc/0-0-0-193183#JD_103.208).



# Locksmith/Key Duplicator

## Section 103.208

Business Name: \_\_\_\_\_

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

| Forms & Documents Needed To Complete Application                              |   | DONE | N/A |
|---|---|------|-----|
| 1   | <b>Business Information - Face Sheet Form</b>   |      |     |
| 2   | <b>Owners &amp; Applicants Form</b> ( <i>Ownership should equal 100%. If not, explain in the space provided</i> )   |      |     |
| 3   | <b>Personal Application Form</b> ( <i>Each owner must complete this form</i> )<br>- <b>DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED</b>  |      |     |
| 4   | <b>Copy of the applicant's valid state Driver's License or state identification</b><br>- <i>The address must match the applicant's information on the Personal Application</i><br>- <i>Shall not be expired</i>   |      |     |
| 5   | <b>Copy of State Locksmith License</b><br>- <i>If you do not have one, you will need to submit the Live Scan document</i>   |      |     |
| 6   | <b>Completed Live Scan Form</b> ( <i>not required for State locksmith license holders</i> )<br>- <b>Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator</b><br>- <b>If residing in California, go to any Live Scan location:</b> <a href="https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles">https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles</a><br>- <b>If out-of-state, fingerprint cards are available.</b> These require: 1. Check payable to California Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card |      |     |
| 7   | <b>Requirements for Applicants Applying Through an Aide</b><br>- <i>Consultant teams will need a letter of authorization from the applicant to submit</i><br>- <i>If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 8)</i>   |      |     |
| 8   | <b>Copy of Fictitious Name Statement</b> ( <i>not required if the legal name and the DBA are the same</i> )<br>- <i>Required for all applicants (whether sole proprietorship, partnership, LLC, corporation, etc.). Your business's DBA must be registered with the County of Los Angeles:</i> <a href="https://www.lavote.gov/home/county-clerk">https://www.lavote.gov/home/county-clerk</a>  |      |     |
| 9   | <b>Entity Checklist</b><br>- <i>Refer to page 3 to review which documents are applicable to your application</i>  |      |     |
| <b>**ITEMS 10-13 BELOW DO NOT APPLY TO MOBILE LOCKSMITH/KEY DUPLICATORS**</b> |   |      |     |
| 10  | <b>Original Zoning &amp; Clearance From</b><br>- <i>Bring the form provided (page 9) to the Department of Building and Safety, Zoning Administration</i><br>- <i>Must submit original form (Signature, date, contact number, &amp; stamp needed or will not be accepted)</i><br>- <i>Follow the instructions on the procedure form (page 10) to schedule your appointment</i>   |      |     |
| 11  | <b>Copy of Complete Lease Agreement and/or Finalized Purchase Documents</b><br>- <i>Must indicate legal/applicant's name(s), business address, current lease dates and usage</i><br>- <i>Include supplemental documents, amendments, &amp; assignments. Provide a lease history chart if needed. Anyone listed as a lessee must submit a personal application</i>   |      |     |
| 12  | <b>Affidavit of Property Owner - Consent to Operate (Only if needed)</b><br>- <i>Needed only if the lease does not state the type of usage in the lease</i><br>- <i>Must be filled out and signed by the property owner or a property agent</i><br>- <i>If the owner is unable to be present to sign at the appointment, the form must be notarized</i>   |      |     |
| 13  | <b>Copy of Municipal Code pertaining to Locksmith Police Permits</b> ( <i>For informational purposes only</i> )   |      |     |



# Locksmith/Key Duplicator

## Section 103.208

Business Name: \_\_\_\_\_

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

***\* Your business must be registered in California to do business in this state.***

| Additional Forms Needed To Complete Application Per Business Entity Type   | Select Applicable |
|--|-------------------|
| <b>Sole Proprietorship</b><br>- Fictitious Name Statement  |                   |
| <b>Partnership</b><br>- A Partnership agreement naming all partners; <b>or</b><br>- Certificate of Limited Partnership for limited partners certified by the Secretary of State<br>- Fictitious Name Statement   |                   |
| <b>Limited Liability Companies (LLC)</b><br>- Articles of Organization<br>- Operating Agreement (Identifying all members)<br>- Fictitious Name Statement<br>- All members must apply   |                   |
| <b>Corporation (C-Corp, S-Corp and Professional Corp)</b><br>- Corporate Resolution or Meeting Minutes (Identifying officers & signed by Corporate Secretary)<br>- Articles of Incorporation (Certified by the State of CA); if out of State, submit equivalent<br>- Copy of Stock Certificates<br>- Fictitious Name Statement<br>- All officers and all persons owning a controlling interest in a non publicly traded corporation must apply |                   |

***\*All forms detailed above must be submitted according to the business entity the applicant(s) is filing as. Any form or document not completed or provided at the time of submission will result in an incomplete application. Only complete applications will be accepted for processing by permit staff.***



## Business Information - Face Sheet

### For Police Commission Use Only - Do Not Write In This Section

Type of Permit: LOCKSMITH/KEY DUPLICATOR:       ESTABLISHMENT    MOBILE

PC Account No: \_\_\_\_\_

PC File No: \_\_\_\_\_

Grant Date: \_\_\_\_\_

LAPD Area: \_\_\_\_\_

RD No: \_\_\_\_\_      Council District No: \_\_\_\_\_

CID Staff Stamp Here

### Complete All Fields - Do Not Leave Anything Blank

**Type of Business Entity: (Please check one)**

Sole Proprietorship \_\_\_\_\_      Partnership \_\_\_\_\_      Limited Liability Company (LLC): \_\_\_\_\_

Corporation \_\_\_\_\_      Non-Profit \_\_\_\_\_      Other: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If address is same as above, write "same")

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_      Business Phone No: \_\_\_\_\_

Email of Business: \_\_\_\_\_



# Owners and Applicants Form

*This form must be completed for each owner or person(s) required to apply for the PC Permit, indicating the percentage of ownership for each applicant. The percentage of ownership should add up to 100%; if not, please explain in the space provided.*

Doing Business as (DBA): \_\_\_\_\_

| Name<br>(All Required Applicants) | Title<br>(President, CEO, CFO, Secretary, etc.) | Percent of<br>Ownership |
|-----------------------------------|---|-------------------------|
|                                   |   |                         |
|                                   |   |                         |
|                                   |   |                         |
|                                   |   |                         |
|                                   |   |                         |
|                                   |   |                         |
|                                   |   |                         |
|                                   |   |                         |
| Total Percentage of Ownership     |   |                         |

*If the percentage of ownership does not add up to 100%, explain below:*

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# Personal Application

*Per LAMC Chapter X, all owners and partners must complete the required forms. Providing incomplete or inaccurate information may delay or impede the processing of your application. False or misleading information on these forms may result in legal consequences.*

## Applicant Personal Information - Do Not Leave Anything Blank

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Driver's License/ID: \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

## Applicant History - Do Not Leave Anything Blank

If married, will your spouse be involved with the business? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If you answered yes and are applying as a sole proprietor or partnership, your spouse must apply.)*

Have you ever used any other names in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list other names used: \_\_\_\_\_

List previous permits held: \_\_\_\_\_

Have you ever been denied, suspended or revoked a Police Commission Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested for a crime resulting in a conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "YES," please provide details:

Date: \_\_\_\_\_ City: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

***\*Use additional pages if needed.***

### **READ CAREFULLY BEFORE SIGNING**

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

***All applicants not present to sign must have this application form NOTARIZED. The notary shall stamp and sign this form or provide the proper Acknowledgement/Jurat. The document must be titled "Application for Police Permit" or it will not be accepted.***



***DO NOT SIGN UNTIL INSTRUCTED TO DO SO - Must be witnessed by a Deputy City Clerk or prepared by a Notary Public.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**\*\*\*FOLLOW INSTRUCTIONS BELOW\*\*\***

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT  
 Job Title or Type of License, Certification or Permit: \*\*\*\*\*-> POLICE COMMISSION PERMIT

Agency Address Set Contributing Agency: LAPD (CAPDLOS ANGELES) 14923 **←LAPD has many codes. Use this.**  
 Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
700 E. TEMPLE ST. STE B22  
 Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
LOS ANGELES CA 91351 (213) 996-1210  
 City State Zip Code Contact Telephone No.

**\*\*\*ENTER INFORMATION FOR 1 – 11b\*\*\* Live Scan Operator: Be sure to enter all items.**

Name of Applicant: 1  
 (please print) Last First MI  
 Alias: 2 Driver's License No. 3  
 Last First 5  
 Date of Birth: 4 Sex:  Male  Female Misc. No. BIL- N/A  
 Agency Billing Number  
 Height: 6 Weight: 7 Misc No: \_\_\_\_\_  
 Eye Color: 8 Hair Color: 9 Home Address: 11a  
 Street or P.O. Box  
 Place of Birth: 10 11b \_\_\_\_\_  
 City, State and Zip Code  
 SOC: **\*\*\*DO NOT ENTER SOCIAL SECURITY\*\*\***

**\*\*\*MAKE TWO COPIES. GO TO LIVE SCAN CENTER.\*\*\***

Your Number: TRC# Level of Service  DOJ  FBI  
 OCA No. (Agency Identifying No.)  
 If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute) **\*\*\*DO NOT USE THIS SECTION\*\*\***  
 Employer Name \_\_\_\_\_  
 Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
 City State Zip Code ( ) \_\_\_\_\_  
 Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Operator  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed

LAPD 02/2016

**GIVE COPIES OF FORM:**  
 ORIGINAL-Live Scan Operator; SECOND COPY-SEND TO LAPD; THIRD COPY-Keep  
 BCII 8016 (Rev 04/01)



# Designation of Qualified Manager

(I/We) \_\_\_\_\_  
Permit Holder's/Permit Applicant's Full Legal Name

Doing Business As \_\_\_\_\_, designate the following \_\_\_\_\_ person(s)  
Business Name (Doing Business As) number

\_\_\_\_\_  
Full Legal Name of Qualified Manager State Identification Number

\_\_\_\_\_  
Full Legal Name of Qualified Manager State Identification Number

as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission), Los Angeles Police Department, or any office or department of the City of Los Angeles with respect to (all) my police permit(s).

Said Designated Manager is authorized to receive information about all accounts related to police permits held by me/us including permit applications, history, status, disciplinary action, fees, payments taxes, and other information used by the City to transact business on police permits. Said Designated Manager is authorized to transact business in connection with police permits, including opening and closing accounts, applying for permits, canceling permits, giving oral and written information, and to perform any act or thing whatsoever concerning police permits in every aspect as (I/we) could do were (I/we) personally present. The Designated Manager has the authority to legally and financially bind the permit holder.

This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager forms and shall be in full force and effect until written revocation is received by the Commission or until a new form is requested by the Commission and executed by me/us.

The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qualified Manager was completely filled in at the time of this execution.

I read, write, and understand English, or I have had the permit process and all documents, including this Designation of Qualified Manager form sufficiently explained to me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Master Account Number

This form MUST BE NOTARIZED.

\_\_\_\_\_  
Permit Holder's/Applicant's Full Legal Name—Printed or Typed

The NOTARY FORM MUST STATE THE TITLE OF THIS DOCUMENT AS "Designation of Qualified Manager" or the form will not be accepted. Notary, see additional instructions below.

\_\_\_\_\_  
Permit Holder's/Applicant's Signature(s)

### Notary must complete the information below:

Notary's street address: \_\_\_\_\_

Notary's city, state, and zip code: \_\_\_\_\_

Notary Public's Phone #: \_\_\_\_\_

Notary Public's email address (optional): \_\_\_\_\_

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.





# Zoning and Use Clearance Form

PC Permit Type (*Limit 1 per form*): KEY DUPLICATOR/LOCKSMITH P-950

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Located between streets: \_\_\_\_\_

### LADBS USE ONLY-- INSPECTOR TO ANSWER ALL ENTRIES BELOW

**Zone:** \_\_\_\_\_

LADBS Permit Type: \_\_\_\_\_

LADBS Permit No. : \_\_\_\_\_

Business shown \_\_\_\_ is \_\_\_\_ is not **A PERMITTED USE**

Business shown \_\_\_\_ is \_\_\_\_ is not **A PERMITTED USE BY THE OCCUPANCY RECORD**

*\*Applicant Note – Additional Building and Safety and/or Zoning requirements may be applicable and imposed.*

**Is a Conditional Use Permit Required?** Yes \_\_\_\_ No \_\_\_\_

CUP ZA No. \_\_\_\_\_ (*Please provide copy*)

Has the USE been vacated for greater than one year? Yes \_\_\_\_ No \_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LADBS Signature: \_\_\_\_\_

Place Stamp Here

LADBS Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact No: \_\_\_\_\_

**Building and Safety Locations:** Open to the Public - Appointment only (www.ladbs.org)

Downtown Los Angeles: 201 N. Figueroa Street, First Floor, Los Angeles, 90012

Hours of Operation: Monday through Friday, 7:30 a.m. to 4:30 p.m.

Drop-Off/Pick-up Only

**an uys** 6262 Van Nuys Blvd #251, Van Nuys, 91401 Hours:  
Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.  
Wednesday: 9:00 a.m. to 4:00 p.m.

**est os ngeles** 1828 Sawtelle Blvd, Los Angeles, 90025  
Hours: Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.  
Wednesday: 9:00 a.m. to 4:00 p.m.

The Los Angeles Police Commission will not issue a permit for any business activity which is not allowed at a location by the Zoning Administration. Be advised that this form is only valid if signed, dated, stamped and all fields on the form are completely filled out by a representative of the Department of Building and Safety. All incomplete forms **will not** be accepted and will delay the application process.

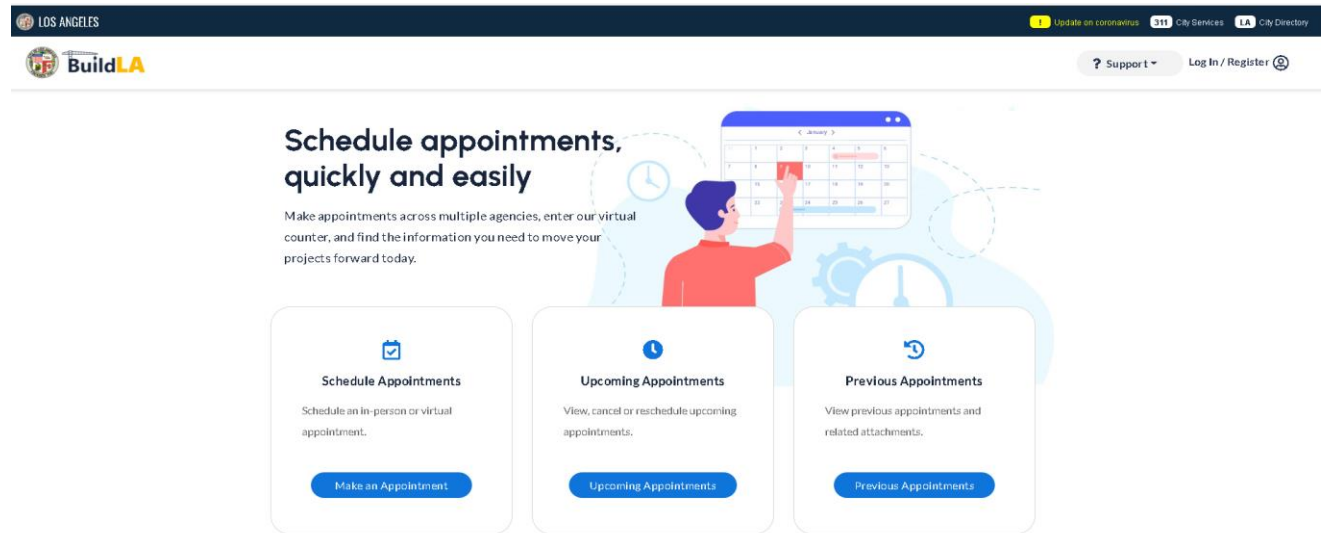
## Zoning and Use Clearance Form Procedure

Please use the following steps to complete your Zoning and Use Clearance Form:

**Step 1:** Make a “New Submittal” appointment with LADBS, using the following BuildLA link:

<https://appointments.lacity.org/apptsys/Public/Account>

**Step 2:** Click “**Make an Appointment**” located in the “Schedule Appointment” Tab



**Step 3:** In the “Lets Get Started” dialog box make the following selections:

Agency/Department-**Building and Safety (LADBS)**

Select Service-**Building Plan Check – New plan check submittal**

Select Office- **LADBS – Metro (Downtown) 4<sup>th</sup> Floor**

**Let's Get Started**

Select Agency/Department

Select Service [Don't See your Service?](#)

Select Office

[< Back](#) [Next](#)

At your appointment time, LADBS will screen your request and documents and assign them to a LADBS engineer to review your request for approval. Additional documents may be requested.

Los Angeles Department of Building and Safety (LADBS) -201 N. Figueroa St., First Floor, Los Angeles 90012 Phone: 311 or (213) 473-3231



# Affidavit of Property Owner - Consent to Operate

Complete this form **only** if your lease agreement does not indicate the usage. This form must be notarized or signed before a Deputy City Clerk. If providing a notary form, be sure the document is titled "Affidavit of Property Owner -Consent to Operate."

### Type(s) of Permit(s) applying for:

Doing Business as (DBA): \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Type of Permit:                     LOCKSMITH/KEY DUPLICATOR                    

### Property Owner Information - Do Not Leave Anything Blank

Legal Name of Lessor: \_\_\_\_\_  
(Must match lease)

Lessor Business Address: \_\_\_\_\_  
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lessor Mailing Address: \_\_\_\_\_  
(If same as address above, write "same.")

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

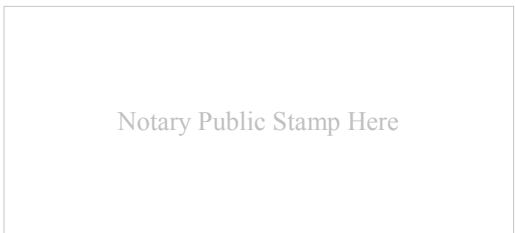
### For Notary Public Use Only

I, \_\_\_\_\_, being duly sworn, depose and say that I am the owner and/or authorized agent of the real property involved in the application and do hereby consent to the filing of a Police Permit Application and to the permitted activities. (Notarized Form attached)

\_\_\_\_\_  
Signature of Notary Public

State ID: \_\_\_\_\_

Date: \_\_\_\_\_



Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Deputy City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

The following is an excerpt of the Los Angeles  
Municipal Code outlining the City law regarding  
Locksmith/Key Duplicator police permits.

### Section 103. 208 Locksmith/Key Duplicator

**SEC. 103.208. KEY DUPLICATOR.**

**(Title and Section amended by Ord. No. 167,322, Eff. 11/9/91.)**

(a) **Definition.** As used in this article “**key duplicator**” means any person whose trade or occupation is the duplicating of keys for locks or similar devices. State licensed new car dealers and used car dealers or auto repairman who hold valid permits are not required to obtain key duplicator permits if they make automobile keys as an incident to their regular business.

(b) **Permit Required.** No person shall engage in, manage, carry on or conduct the business of a key duplicator without a written permit from the Board. A permit shall not be required of each person performing mechanical key duplication, provided that there is a key duplicator permit for each location at which such mechanical key duplication is performed.

(c) **Keys to be Stamped.** It shall be unlawful for any key duplicator to fail to stamp the serial number of such duplicator’s permit upon any key duplicated, sold or given away.

(d) **Change of Location.** A change of location may be endorsed on a permit by the Board upon written application by the permittee accompanied by the change of location fee prescribed in Section 103.12.

(e) **Duplication Prohibited.** No person shall duplicate any key which is stamped “**Do Not Duplicate**” or otherwise stamped or marked in a similar manner.