

## **Secondhand (Books)**

Section 103.310

## STEPS FOR OBTAINING A PERMIT

- **1. Submission:** Applications will not be accepted by mail. Please send your completed application documents by email to peremitapplications@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 schedule your inspection.

#### PLEASE NOTE

- O A California state license is required if you are selling tangible items defined as "personal property that bears a serial number or personalized initials or inscription or which at the time it is acquired by the secondhand dealer, bears evidence of having had a serial number or personalized initials or inscription". The cost of this license is \$300.00. If you acquire the state license, you will be registered with CAPS.
- Other police permits may apply to your business as determined by your investigator. The cost of processing applications for this permit is \$491.00, subject to change.
- o 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.
- o 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 <u>NOT</u> 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/0-0-0-193526



# **Secondhand (Books)**

## Section 103.310

| Business Name:    |  |  |
|-------------------|--|--|
|                   |  |  |
| Business Address: |  |  |

|    |   | DONE | NT/A |
|----|---|------|------|
|    | Forms & Documents Needed To Complete Application  | DONE | N/A  |
| 1  | Business Information - Face Sheet Form  |      |      |
| 2  | Owners & Applicants Form (Ownership should equal 100%. If not, explain in the space provided)   |      |      |
| 3  | Personal Application Form (Each owner must complete this form) - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED  |      |      |
| 4  | Copy of the applicant's valid state Driver's License or state identification  - The address must match the applicant's information on the Personal Application  - Shall not be expired  |      |      |
| 5  | Completed Live Scan Form  - Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator  - If residing in California, go to any Live Scan location: https://oag.ca.gov/fingerprints/locations? county=Los%20Angeles  - If out-of-state, fingerprint cards are available. These require: 1. Check payable to California Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card |      |      |
| 6  | Original Zoning & Clearance From  - Bring the form provided (page 9) to the Department of Building and Safety, Zoning Administration  - Must submit original form (Signature, date, contact number, and stamp needed or will not be accepted)  - Follow the instructions on the procedure form (page 10) to schedule your appointment   |      |      |
| 7  | Statement on Types of Goods Sold  |      |      |
| 8  | Statement of Inapplicability (if not selling tangible goods)  |      |      |
| 9  | Requirements for Applicants Applying Through an Aide -Consultant teams will need a letter of authorization from the applicant to submit -If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 13)   |      |      |
| 10 | State Live Scan (only required if also applying for state license)  |      |      |
| 11 | Copy of Complete Lease Agreement and/or Purchase Documents - Must indicate legal/applicant's name(s), business address, current lease dates and usage - Include supplemental documents, amendments, & assignments. Provide a lease history chart if needed. Anyone listed as a lessee must submit a personal application  |      |      |
| 12 | Affidavit of Property Owner - Consent to Operate (Only if needed)  - Needed only if the lease does not state the type of usage in the lease  - Must be filled out and signed by the property owner or a property agent  - If the owner is unable to be present to sign at the appointment, the form must be notarized   |      |      |
| 13 | Entity Checklist -Refer to page 3 to review which documents are applicable to your application  |      |      |
| 14 | Copy of Municipal Code pertaining to Secondhand Police Permits (For informational purposes only)  |      |      |



corporation

100 West 1st Street, Los Angeles, CA 90012 · (213) 996-1210 · Fax (213) 996-1239

## Secondhand (Books)

Section 103.310

| В | usiness Name:  |                   |
|---|--|-------------------|
| В | usiness Address:   |                   |
|   | *Your business must be registered in California to do business in  | ı this state.     |
|   | Additional Forms Needed To Complete Application Per Business Entity Type   | Select Applicable |
|   | Sole Proprietorship  |                   |
|   | Partnership  - A Partnership agreement naming all partners; or  - Certificate of Limited Partnership for limited partners certified by the Secretary of State  |                   |
|   | Limited Liability Companies (LLC)  - Articles of Organization  - Operating Agreement (Identifying all members)  - Fictitious name statement (certified by the State)  - All members must apply   |                   |
|   | Corporation (C-Corp, S-Corp and Professional Corp)  - Corporate Resolution or Meeting Minutes (Identifying officers and signed by Corporate Secretary)  - Articles of Incorporation (Certified by the State of CA); if out of State, submit equivalent  - Copy of Stock Certificates |                   |

\*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.

- All officers and all persons owning a controlling interest in a non publicly traded



## **Business Information - Face Sheet**

A Face Sheet must be completed for each permit type for each location. For example, if a business needs a Dance Hall Permit and a Pool permit, two Face Sheets must be completed.

# For Police Commission Use Only - Do Not Write In This Section Type of Permit: SECONDHAND (BOOKS) PC Account No: Grant Date: \_\_\_\_\_ CID Staff Stamp Here LAPD Area: RD No: \_\_\_\_\_ Council District No: \_\_\_\_\_ 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: \_\_\_\_\_ 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") 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): Percent of Name Title Ownership (All Required Applicants) (President, CEO, CFO, Secretary, etc.) Total Percentage of Ownership If the percentage of ownership does not add up to 100%, explain below:



# **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.

| Name of Applicant:  Home Address:   | Zip Code:  |   |  |  |
|---|--|---|--|--|
|   | Zip Code:  |   |  |  |
| (Must include: Anartment, Suita Space, Unit numbers, etc.)  | Zip Code:  |   |  |  |
| City:   |  |   |  |  |
| Contact Phone No: Business Phone No:  |  |   |  |  |
| Email Address:  |  |   |  |  |
| DOB: Driver's License/ID:   |  | State:  |  |  |
| Gender: Height: Weight: Hair Color:   | Eye C  | Color:  |  |  |
| Applicant History - Do Not Leave Anything Blank   |  |   |  |  |
| If married, will your spouse be involved with the business? (If you answered yes and are applying as a sole proprietor or partnership, your spouse must apply   |  | No  |  |  |
| 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.  |  |   |  |  |
| AD CAREFULLY BEFORE SIGNING  clare under the penalty of perjury and under the law of the State of California, all information contaplemental documents is true and correct. I understand that all information provided and statements e statements may be grounds for denial or revocation of permits issued by the Los Angeles Police (applicants not present to sign must have this application form NOTARIZED. The notativide the proper Acknowledgement/Jurat. The document must be titled "Application for DO NOT SIGN UNTIL INSTRUCTED TO DO SO - Must be witnessed by a Deputy City plicant's Signature: | made are subject to in Commission.  Any shall stamp and Police Permit" or a style of the Commission of | vestigations and any sign this form or it will not be accepted by a Notary Public |  |  |
| nt Name: tness Signature: Print Name:   |  | Date:   |  |  |

## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

| ***FOLLOW INSTR                      | RUCTIONS BELOW***                     |               |   |
|--------------------------------------|---------------------------------------|---------------|---|
| ORI: <b>CA0194200</b>                | Type of Application:                  | LICENSE O     | CERT OR PERMIT  |
| Job Title or Type of License, Certif | ication or Permit: *******            | ******        | POLICE COMMISSION PERMIT  |
| A A dda-s- C-4 Ct-ilti-              | A                                     |               |   |
| Agency Address Set Contribution      |                                       | 14022         | I ADD has many and as I lee this                                      |
| Agency authorized to receiv          | e criminal history information        |               | LAPD has many codes. Use this.  ode (five digit code assigned by DOJ) |
| 700 E. TEMPLE ST.                    | · · · · · · · · · · · · · · · · · · · | Man Co        | oue (five digit code assigned by DO3)                                 |
| Street No. Street or P.O             |                                       | Contact       | t Name (Mandatory for all school submissions)                         |
| LOS ANGELES CA                       | 91351                                 |               | 996-1210  |
| City State                           | z Zip Code                            | Contact       | t Telephone No.   |
| ***ENTER INFORM                      | IATION FOR 1 – 11b***                 | Live Scan Ope | erator: Be sure to enter all items.                                   |
| Name of Applicant: 1                 |                                       |               |   |
| (please print) Last                  | First                                 |               | MI  |
| <u> </u>                             |                                       |               | <u>_</u>  |
| Alias: 2                             | <u>_</u>                              | Driver'       | s License No. 3   |
| Last                                 | First 5                               |               |   |
| Date of Birth: 4                     | Sex: Male Fen                         | nale Misc. N  | No. BIL- N/A  |
| XX * 1.                              | w 1                                   | Mr. N         | Agency Billing Number   |
| Height: 6                            | Weight: 7                             | Misc N        |   |
| Eye Color: 8                         | Hair Color: 9                         | Home A        | Address: 11a  |
| Di CD' d                             |                                       |               | Street or P.O. Box  |
| Place of Birth: 10                   |                                       |               | 11b   |
| SOC: ***DO NOT ENTER                 | SOCIAL SECURITY***                    |               | City, State and Zip Code  |
|                                      |                                       |               |   |
| ***MAKE TWO CO                       | PIES. GO TO LIVE SCAN                 | CENTER.**     | *   |
| Your Number: TRC#                    |                                       | Level of S    | Service X DOJ FBI   |
|                                      | gency Identifying No.)                | Level of s    | Service X DOJ FBI   |
| OCA No. (Ag                          | gency identifying No.)                |               |   |
| If resubmission, list Original A     | ГІ No.                                |               |   |
|                                      |                                       |               |   |
| Employer: (Additional response       | for agencies specified by statute)    |               |   |
| Zimproyer: (ricatrional response     | for agencies specified by statute,    | ***           | DO NOT USE THIS SECTION***  |
| Employer Name                        |                                       |               |   |
|                                      |                                       |               |   |
| Street No.                           | Street or P.O. Box                    | Mai           | l Code (five digit code assigned by DOJ)                              |
|                                      |                                       | (             | )   |
| City State                           | Zip Code                              |               | Agency Telephone No. (optional)                                       |
|                                      | <del>-</del>                          |               | <del>-</del>  |
| Live Scan Transaction Complet        | ed Bv:                                |               | Date:   |
|                                      | Name of Operator                      |               | <u> </u>  |
|                                      |                                       |               |   |
| Transmitting Agency                  | ATI No                                | ).            | Amount Collected/Billed   |
| LAPD 02/2016                         |                                       |               |   |
| GIVE COPIES OF FOR                   | M·                                    |               |   |

SECOND COPY-SEND TO LAPD;

THIRD COPY-Keep

## INSTRUCTIONS AND INFORMATION FOR COMPLETING THE APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

#### Section A. TYPE OF APPLICATION

For a new application, the applicant must identify the type of business license by checking the appropriate box. If the application is for a renewal of an existing state secondhand dealer's license or pawnbroker's license, the licensee must check the appropriate box and provide the state license number. If the application is for an initial pawnbroker's license, ensure that the surety bond and financial statement are filed with the issuing agency. If the application is for a renewal of a pawnbroker's license, ensure that the surety bond is filed with the issuing agency. If the application of an existing state secondhand dealer's or pawnbroker's license, the licensee must check the modification box and provide the state license number.

#### Section B. LICENSING AUTHORITY INFORMATION

The licensing agency shall complete Section B. Enter agency information, the name, title, and phone number of official processing the application. Enter the date the completed application was received by your agency for transmittal to the Department of Justice (DOJ).

#### Section C. BUSINESS OWNERS

- If business is *Individually owned*, enter owner's name, date of birth, title, and home phone number.
- If business is a *Partnership*, enter each partner's name, date of birth, title, and home phone number.
- If business is a *Corporation*, enter each corporate officer's name, date of birth, title, and home phone number.
- To complete the application package, all parties listed in this Section must submit fingerprints for criminal offender record information background checks.
- Live Scan submissions, please submit a completed copy of the REQUEST FOR LIVE SCAN SERVICE, Applicant Submission form BCIA 8016SHDPB. The Applicant Submission form (BCIA 8016SHDPB) for the State Secondhand Dealer and Pawnbroker Unit includes pre-printed information.

#### Section D. BUSINESS INFORMATION

- Enter the business name and, if applicable, corporation name.
- Enter the address information of the business and, if applicable, corporation address.
- If the corporation name differs from the business name in Section D-1, provide the requested information.
- Check the appropriate type of business ownership.

#### Section E. OFF-SITE STORAGE LOCATION

If the applicant intends to store property belonging to the business other than at the business address in Section D, above, enter the Off-Site Storage Information. Exemption from disclosure of the off-site storage, on the licensure form, will require the local licensing agency to file with DOJ written instruction for exemption.

#### Section F. MULTIPLE SECONDHAND/PAWNBROKER BUSINESSES

If the response is "YES", attach a sheet disclosing: the business name, address, city, zip code, phone number and state assigned license number. If "NO", proceed to Section G.

#### Section G. ADDITIONAL INFORMATION

If the response is "YES", attach a sheet disclosing: applicant's name, date and details of the arrest, conviction and if available copy of the court disposition. If the response is "NO", proceed to Section H.

#### Section H. CERTIFICATION STATEMENT

The person responsible for completing the application or person responsible for the business must sign and date the certification.

#### DEPARTMENT OF JUSTICE FEE SCHEDULE:

Secondhand Dealer/Pawnbroker Application, JUS 125 = \$300 (New or renewal application, payable to DOJ)
Criminal Offender Record Information Background Check = \$32 (Each applicant, payable to live scan agency.)

The DOJ fee schedule does not include any additional fee that the licensing authority may charge for processing this application, pursuant to the Business and Professions Code or Financial Code, or for the service of taking fingerprints for the criminal offender record information background check. Payment to the DOJ must be made by check, cashier's check or money order.

NOTE: The fees are non-refundable. Cash will not be accepted for payment. Make remittance payable to "Department of Justice."

Should the applicant(s) be printed using the fingerprint hard card (FD 258) because the printing agency has an exemption to the Live Scan requirement, the fingerprint hard card(s), along with the required fees, payable to the DOJ, must be sent in with the application.

DATE



SIGNATURE

## APPLICATION FOR SECONDHAND DEALER OR PAWNBROKER LICENSE

| A. Type of Application (Check the appropriate   | e box):   |  |                 |   |
|---|---|--|-----------------|---|
| Application for Secondhand Dealer License (   |   | DOJ USE ONLY   |                 |   |
| Application for Pawnbroker License (21300 F   | Rec   | eived:   |                 |   |
| Application for Renewal:  |   |  |                 |   |
| Secondhand Dealer License (21642 B&F  | ) State License No.: _                              |  |                 | ck #  |
| Pawnbroker License (21301 FC) State L   | icense No.:   |  | Che             | ck Amt:   |
| ☐ Modifications (change of business, name, ad   | dress, etc.)  |  |                 |   |
| B. Licensing Agency Information: (Completed   | by licensing agency on                              | ly.)   |                 |   |
|   |   |  |                 |   |
| Licensing Agency (Substation if applicable)   |   |  |                 | Date  |
| Mailing Address   |   |  |                 |   |
| Licensing Official (Name, Title)  |   |  |                 | Phone   |
| THE FOLLOWING SE  | CTIONS ARE TO BE                                    | COMPLETED BY THE   | APPLICAN1       |   |
| C. Business Owner(s): (Name of individual, p  |   |  |                 |   |
| Name  | Date of Birth                                       | Title  |                 | Phone   |
| Name  | Date of Birth                                       | Title  |                 | Phone   |
| Name ATTACH ADDITIONAL SHE  | Date of Birth                                       | Title  |                 | Phone   |
| D. Business Information   | LI II NECESSART. OI                                 | ILON OINCLE II ADDITIO                                   | VAL OFFICE I    | J GOLD (  |
| D. Dusiness information   |   |  |                 |   |
| Business Name   |   |  |                 | Phone   |
| Street Address  |   | City   |                 | Zip Code  |
| Business Ownership:  Individual P   |   | poration<br>orporate name differs from bu                | siness name, o  | complete the following):                                  |
| Corporation Name  |   |  |                 | Phone   |
| Street Address  |   | City   |                 | Zip Code  |
| E. Off-Site Storage Location: Will property belonging to the business be sto  | red off the business                                | premises?  | ☐ No            | *If " <b>yes</b> ," please provide the information below: |
| Off-Site Storage Street Address   |   | City   |                 | Zip Code  |
| F. Multiple Secondhand Dealer or Pawnbroke Do any parties to this application have a financi                              |   | er Secondhand Dealer o                                   | r Pawnbroke     | er Business in California?                                |
|   |   | , Address, City, and State<br>al sheet of paper, and che |                 |   |
| G. Additional Information:  |   |  |                 |   |
| Have any parties to this application ever been of   | convicted of an attem                               | pt to receive stolen prop                                | erty or any o   | other property-related crime?                             |
|   | de the applicant's nam<br>heck circle if additional | e, date, and details on the sheet is used                | arrest or con   | viction on an additional                                  |
| H. Certification: "As the person responsible for completing the appliapplication is true and complete to the best of my k |   | , I certify under penalty of                             | perjury that ti | he information on this                                    |

TITLE



# **Zoning and Use Clearance Form**

| PC Permit Type (Limit 1 per form):   | SECONDHAND BOOKS                                 | <u>P-274</u>         |
|--|--|----------------------|
| Address of Business:   |  |                      |
| City:  | Zip Code   | :                    |
| Located between streets:   |  |                      |
| LADBS USE ONLY INSPEC  | CTOR TO ANSWER ALL ENTRIES E                     | BELOW                |
| Zone:  |  |                      |
| LADBS Permit Type: LADBS Permit No.:   |  |                      |
| Business shown is is not <b>A PERM</b>   | ITTED USE  |                      |
| Business shown is is not A PERM  | ITTED USE BY THE OCCUPANCY                       | Y RECORD             |
| *Applicant Note – Additional Building and Safety   | y and/or Zoning requirements may be app          | licable 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  | e year?  | Yes No               |
| Remarks:   |  |                      |
|  |  |                      |
|  |  |                      |
|  |  |                      |
| LADBS Signature:   | Place  | Stamp Here           |
| LADBS Printed Name:  |  |                      |
| Date:  |  |                      |
| Contact No:  |  |                      |
| <b>Building and Safety Locations:</b>  | Open to the Public - Appointment only (www. ladb | s.org)               |
| Downtown Los Angeles: 201 N. Figueroa Street, First Floor, L<br>Hours of Operation: Monday through Friday, 7:30 a.m. to 4:30 | <del>-</del>                                     |                      |

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.

Page 9

Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.

Wednesday: 9:00 a.m. to 4:00 p.m.

Hours: Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.

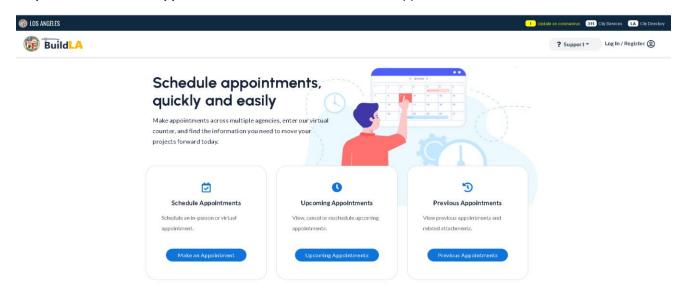
Wednesday: 9:00 a.m. to 4:00 p.m.

## **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: <a href="https://appointments.lacity.org/apptsys/Public/Account">https://appointments.lacity.org/apptsys/Public/Account</a>

Step 2: Click "Make an Appointment" located in the "Schedule Appointment" Tab

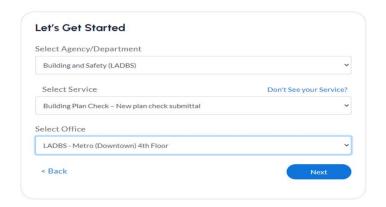


**Step 3:** In the "Lets Get Started" dialog box make the following selections:

Agency/Department-Building and Safety (LADBS)

Select Service-Building Plan Check - New plan check submittal

Select Office- LADBS - Metro (Downtown) 4th Floor



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



# **Statement on Types of Goods Sold**

| Applicant's Signature: | Date: |
|------------------------|-------|
| -Fr                    | <br>  |
|                        |       |
|                        |       |
|                        |       |
| N                      |       |
| rint Name:             |       |

# TO TO THE TOTAL TO

## STATEMENT OF INAPPLICABILITY

#### State of California Secondhand Dealer License

#### Definition - Secondhand Dealer

A secondhand dealer includes any person, partnership, firm or corporation whose primary business is buying, selling, trading, receiving pawn, accepting for sale on consignment, or a&epting for auctioning, second hand tangible personal property. Any person owning 10 percent or more of the stock in a corporation engaged in the secondhand dealer business is considered by California Department of Justice to be a secondhand dealer and must be fingerprinted and named in the application. Pawnbrokers are included in this definition and; for purposes of this law, are secondhand dealers.

The term 'secondhand dealer' also included and person who engages in the business of buying or selling secondhand tangible personal property in the regular course of business. Therefore, any type of business.can be required to be licensed as a secondhand dealer. Examples of businesses which could be defined as secondhand dealers are photographic equipment and supply stores; and appliance, TV and radio repair outlets.

### Definition - Tangible Personal Property

All tangible personal property, new or used, received in pledge as security for a loan by pawnbroker or secondhand dealer. All property bearing a serial number, personalized initials or Inscription, at the time it is acquired by a secondhand dealer or pawnbroker, or which at the time of acquisition bears evidence of having had a serial number or personalized initials or inscription. All personal property commonly sold by secondhand dealers determined by the State Attorney General to be frequently stolen. The personal property items listed below have been determined by the State Attorney General to constitute a significant class of stolen goods:

1. Jewelry

(Rev. 01/2018)

2. Sterling Silver Utensils

| I certify | that the | e bu | siness | for which | the        |            | Police | permit | is being |  |
|-----------|----------|------|--------|-----------|------------|------------|--------|--------|----------|--|
| applied   | for will | not  | be a s | econdhand | dealership | as defined | above. |        |          |  |
|           |          |      |        |           |            |            |        |        |          |  |
| PRINT N   | NAME     |      |        |           |            |            | TITLE  |        |          |  |
| SIGN N    | AME      |      |        |           |            |            | DATE   |        |          |  |



## **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 the City of Los Angeles with respect to (all) my police permit(s).  | n), Los Angeles Police Department, or any office or department of  |
| Said Designated Manager is authorized to receive information about all accounts related to history, status, disciplinary action, fees, payments taxes, and other information used by the Manager is authorized to transact business in connection with police permits, including or permits, giving oral and written information, and to perform any act or thing whatsoever converges well personally present. The Designated Manager has the authority to legally and financial | e City to transact business on police permits. Said Designated being and closing accounts, applying for permits, canceling concerning police permits in every aspect as (I/we) could do were (I/ |
| This Designation of Qualified Manager revokes all earlier Designation of Qualified Mana revocation is received by the Commission or until a new form is requested by the Commission or until a new form is requested by the Commission.   |  |
| The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qu execution.  | alified Manager was completely filled in at the time of this   |
| I read, write, and understand English, or I have had the permit process and all documents, explained to me.   | including this Designation of Qualified Manager form sufficiently  |
| Signed this day of Month Yea  | mr 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.



## **Affidavit of Property Owner - Consent to Operate**

Complete this form <u>only</u> 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:  |  |
|  | □Secondhand Books □ Secondhand Jewelry                                 |
| Type of Permit (select all that apply):  | □Secondhand Gen □Secondhand Auto Parts □ Pawn                          |
| Property Owner Information - Do Not Leave  | e Anything Blank   |
| Legal Name of Lessor:  |  |
|  | (Must match lease)   |
| Lessor Business Address:   | ude: Apartment, Suite, Space, Unit numbers, etc.)                      |
| City:  | Zip Code:  |
| Lessor Mailing Address:  | s address above, write "same.")  |
| City:  |  |
| Contact Phone No:  | Business Phone No:   |
| For Notary Public Use Only   |  |
| 1 or roung 1 none esc only   |  |
|  | , being duly sworn, depose and say that I am the owner and/or          |
| authorized agent of the real property involved in Application and to the permitted activities. (Nota | the application and do hereby consent to the filing of a Police Permit |
| ripplication and to the permitted activities. (170th   | rized i orni attached)   |
| Signature of Notary Public   |  |
|  | Notary Public Stamp Here   |
| State ID:  |  |
| Date:  |  |
| Signature of Property Owner:   | Date:  |
| Print Name:  |  |
| Signature of Deputy City Clerk:  | Date:  |
| D ' ( ) I  |  |

The following is an excerpt of the Los Angeles Municipal Code outlining the City law regarding Secondhand Book police permits.

Section 103. 310 Secondhand Books

#### SEC. 103.310. SECONDHAND BOOK DEALERS.

- (a) **Definitions**. As used in this section:
  - 1. "SECONDHAND BOOK DEALER" means a person engaging in, conducting, managing or carrying on the business of buying, selling, exchanging or otherwise dealing in secondhand books and magazines, secondhand text books or secondhand educational materials.
  - 2. "SECONDHAND TEXT BOOKS" or "SECONDHAND EDUCATIONAL MATERIALS" means those text books or other materials required or designated by any university, college, school, or other educational institution to be used or which were used by students in studying the courses offered by said institutions. Such text books or other materials voluntarily used by said students in conjunction with those books required or designated by said institutions are included.
- (b) **Permit Required**. No person shall engage in, conduct, manage, or carry on the business of secondhand book dealer without a written permit from the Board.
- (c) 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.
- (d) **Bills of Sale**. Every secondhand book dealer buying, selling or exchanging or otherwise dealing in secondhand books, secondhand text books or secondhand educational materials or exchanging new text books or new educational materials for secondhand text books or secondhand educational materials, as whole or part payment therefor, shall immediately upon receiving the same, require the seller or other person from whom said secondhand text books or materials are bought, or received in exchange, to execute a bill of sale therefor. Said bills of sale shall be numbered consecutively and shall be kept on file and open during business hours to the inspection of any police officer or representative of the Board.
  - (e) Contents of Bill of Sale. Said bill of sale shall show:
    - 1. **Date**. The date of purchase or receiving in exchange;
    - 2. Name of Seller. The name and address of the person selling or exchanging such articles and the name of the educational institution said person is attending or in which he is registered;
    - 3. **Name of Institution**. The name of the educational institution, if any, requiring or designating the use of such textbooks or materials, including the date of the term or semester during which the same were used;
    - 4. **Name of Purchaser**. The name and address of the purchaser or person receiving said secondhand books, secondhand text books or materials, said name and address coinciding with those showing upon the permit issued by the Board and held by said person;
    - 5. **Description**. A description of the secondhand books, secondhand text books or materials purchased by him sufficient in all respect to clearly identify the same.
- (f) **Right to Sell**. A secondhand book dealer who purchases or receives in exchange secondhand books, secondhand text books or other secondhand educational materials shall, prior to making such purchase or exchange, ascertain that the person selling or delivering for exchange any such secondhand books or materials has a legal right to do so.
- (g) **Identification of Books**. The secondhand book dealer shall immediately upon purchasing or receiving in exchange any such secondhand books or materials stamp, write, print or otherwise permanently affix to each article so purchased or received the number of the bill of sale covering said articles.
- (h) **Signs**. Secondhand book dealers shall maintain on the premises where said business is located a sign plainly printed in the English language of sufficient size so that the same may be easy to read from the sidewalk in front of said place of business. Such sign shall state the business in which such person is engaged. If said business is located in an office building the sign shall be placed on the door of said office. If the business is located in a department of any building, the sign shall be placed at the entrance to said department.
- (i) **Exemptions**. This section shall not apply to the receipt or sale of secondhand books, secondhand text books or secondhand educational materials by any person who receives or purchases such books or materials from any other person when such other person has made required reports as fixed by rule or regulation of the Board and shall have held the said books or materials for the length of time therein required.