



**CITY OF SANTA CLARA
POLICE DEPARTMENT-PERMITS UNIT**

**PERMIT AMENDMENT
MESSAGE ESTABLISHMENT**

Permit Number: _____

Business Name: _____

Telephone: _____

Business Address: _____
STREET ZIP CODE

<u>CIRCLE ONE</u> ADD REMOVE	<u>Name:</u>	<u>Current Home Address:</u>	<u>CIRCLE ATTACHED COPY</u> Valid Photo ID
	<u>Other Names Used: (Or N/A)</u>	<u>Title / Position:</u>	CAMTC Cert CAMTC ID
<u>CIRCLE ONE</u> ADD REMOVE	<u>NAME:</u>	<u>CURRENT HOME ADDRESS:</u>	<u>CIRCLE ATTACHED COPY</u> Valid Photo ID
	<u>Other Names Used: (Or N/A)</u>	<u>Title / Position:</u>	CAMTC Cert CAMTC ID
<u>CIRCLE ONE</u> ADD REMOVE	<u>Name:</u>	<u>CURRENT HOME ADDRESS:</u>	<u>CIRCLE ATTACHED COPY</u> Valid Photo ID
	<u>Other Names Used: (Or N/A)</u>	<u>Title / Position:</u>	CAMTC Cert CAMTC ID
<u>CIRCLE ONE</u> ADD REMOVE	<u>Name:</u>	<u>CURRENT HOME ADDRESS:</u>	<u>CIRCLE ATTACHED COPY</u> Valid Photo ID
	<u>Other Names Used: (Or N/A)</u>	<u>Title / Position:</u>	CAMTC Cert CAMTC ID

Submitted By: _____
Signature

_____ Date

_____ Print Name

_____ Title

Email address: _____

NEW EMPLOYEES MAY NOT START WORK UNTIL THE MESSAGE ESTABLISHMENT PERMIT HAS BEEN UPDATED

FOR OFFICIAL USE ONLY

APPROVED BY: _____ DATE: _____ AMOUNT: _____