



Sheriff's Clearance for the County of Sacramento Commercial Solid Waste Collection Franchise Application

The Sheriff's Department will communicate directly with the County of Sacramento to clear your business for a Commercial Solid Waste Collection Franchise (County Franchise). There is no additional fee for this clearance; your franchise application fee will cover costs. Please note that Sheriff's clearance can take 30 to 60 days.

The applicant, and any of the applicant's partners, major stockholders (stockholder owning 10% or more of company), or corporate directors of parent or subsidiary companies, must complete the Sheriff's Clearance as part of Section 9 of the County Franchise application.

Mail this completed form to:

Licensing Detective
 Special Investigations Bureau
 P.O. Box 988
 Sacramento, CA 95812-0988

Date of application:	
Applicant's Information	
Applicant Name:	
Date of Birth:	
Title:	
Home Address:	
Age:	
Driver's License Number:	
Race:	
Sex:	
Height:	
Color of Hair:	
Color of Eyes:	
Place of Birth:	
Citizen/Country:	

County Franchise Application- Attachment 5

Social Security Number:	
Have you ever been arrested for a criminal offense? If yes, please explain:	
Have you, the company, parent companies, or subsidiary companies, ever been convicted of a criminal offense? If yes, please explain:	
Business Information	
Name of Business:	
Business Phone Number:	
Business Address:	
Year Business was Established:	
Location Business was Established:	
Date Business Established in Sacramento:	
Sole Ownership (yes/no):	
Partners or Corporation Officers:	
Name:	Address:
Business License Information	
County of Sacramento Business License:	
California Secretary of State Entity Number:	
California Department of Consumer Affairs License and Number:	
Have you ever had a license suspended or revoked? If yes, why?	

I understand that Sacramento County Code 9.20 makes it a misdemeanor for any person to make a false or fraudulent statement or any false or misleading writing or document in any matter or proceeding within the jurisdiction of any Department or Agency of the County of Sacramento:

Name:

Signature:

(Reserved for Notary Seal)

Title:

Date: