



Contra Costa Sheriff Records & ID Unit  
2530 Arnold Drive #170 Martinez, CA 94553  
925/335-1570  
[recordsinfo@so.cccounty.us](mailto:recordsinfo@so.cccounty.us)

### Peddler / Solicitor Permit Process

- Permits are processed individually, per applicant. (Not as a group or company)
- **LIVE SCAN** fingerprinting is **By Appointment ONLY**- 925/957-7104

Each Applicant will need to bring the following on the day of their appointment, for their application to be processed:

### Peddler/Solicitor Application

1. Valid ID is a Passport (in English) or US Issued Driver's License/ID Card. Expired Identification will not be accepted.
2. Application for Peddler/Solicitor Permit. You can pick up at Sheriff's Records Unit
3. Two Passport Photos (Copies, Polaroid, cell phone photos, etc are not acceptable. Walgreens offers the service for passport photos.)
4. Copy of Valid Business License that applicant will be soliciting under. (The business license must be held in the Sheriff's Jurisdiction, Valid for 90 days or more)
5. \$5.00 **Fee**, Paid in Cash-exact change or Check made to CCCSO (No credit/debit cards)

### Live Scan

6. Application-Live Scan (You can pick up at the Sheriff's Records Unit)
7. \$67.00 **Fee** Paid in Cash-exact change or Check made to CCCSO (No credit/debit cards)
8. Applicant then goes to the Tax Collector/Finance Building and takes the yellow receipts, from the Permit Application and Live Scan. The address is 625 Court St, 1<sup>st</sup> Floor, Room #100, and the phone number is 925/957-5280. The applicant pays for permit (3, 6 or 12 months) The applicant then brings the Permit and Receipt back to the Sheriff's Records Unit.
9. The Sheriff's Office needs a copy of Tax Receipt that is added to your permit file at Sheriff's Records.
10. The Permit is held by the Sheriff's Records Unit until approval to be issued.

\*\*\*\*Once the application has been processed, approved or denied, the applicant will be contacted.



Office of the Sheriff Contra Costa County  
Application for Peddler or Solicitor Permit

Date: \_\_\_\_\_ Peddler/Solicitor Permit# \_\_\_\_\_

Name (Last, First Middle) \_\_\_\_\_

Local Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone# \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How will business be conducted? \_\_\_\_\_ Door to Door \_\_\_\_\_ Roadside Stand \_\_\_\_\_ Parked Vehicle

Describe the nature of business: \_\_\_\_\_

Product/Service: \_\_\_\_\_ Purpose of Solicitation: \_\_\_\_\_

I certify under the penalties of perjury that the above facts are true and correct to the best of my knowledge, that I have read and understand County Ordinance 56-4, and I understand that I must comply with all applicable County Ordinances, including zoning regulations.

Applicant's Signature: \_\_\_\_\_ Sheriff's Clerk: \_\_\_\_\_

**Application for PEDDLER / SOLICITOR PERMIT  
History Information**

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

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Have you ever use another name? Yes / No If yes, specify: \_\_\_\_\_

Have you ever been arrested? Yes / No If yes, specify: \_\_\_\_\_

Have you ever been convicted of a crime? Yes / No If yes, specify below.

What crimes, dates of incidents, location and arrest/convictions have you had? Also indicate all criminal charges pending in court now.

Date	Crime(s)	Location	Arrest/Conviction
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____

=====

(Sheriff's Office to fill out)

PHOTOGRAPHS  FINGERPRINTS  CRIM. HIST. RCD

Application/New Permit Fee \$5.00 Paid: \_\_\_\_\_ Live Scan \$ 67.00 Paid: \_\_\_\_\_ Copy of Business License Rec'd \_\_\_\_\_

Date Permit Granted: \_\_\_\_\_ Date Permit Denied or Revoked: \_\_\_\_\_ Tax Collector Receipt & Permit

Rec'd \_\_\_\_\_

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I certify under penalty of perjury that statements made on this application are true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: CA0070000 Type of Application: LICENSE / PERMIT

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: PEDDLER / SOLICITOR

Agency Address Set Contributing Agency:

Contra Costa Sheriff's Office

Agency authorized to receive criminal history information

07616

Mail Code (five-digit code assigned by DOJ)

500 Court Street

Street No. Street or PO Box

Sheriff's Record & ID Unit

Contact Name (Mandatory for all school submissions)

Martinez

CA

94553

City

State

Zip Code

( 925 ) 335-1570

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - 120041 (APPLICANT PAYS)  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed