

Applicant Information - continued

List all addresses within the last year

Address (number, street, city, state, zip code)

Address (number, street, city, state, zip code)

Business Information

Company Name

Business Address

City

State

Zip

Business Phone Number

Supervisor's Name

Supervisor's Phone Number

Vehicle Information

Color

Make

Model

License Plate Number

License Plate State

Color

Make

Model

License Plate Number

License Plate State

Acknowledgement

By signing this application, I acknowledge and authorize a complete background check to be performed. I understand that any convictions of the crimes listed on this application will be grounds for denial of a permit.

*If denied, an appeal may be made to the Service and Safety Director's Office within 5 days

Signature

Date

Office Use Only

Received by:

Date:

Background check completed by:

Date:

Chief of Police Approval

Signature

Date: