

APPLICATION FOR CITY LICENSE

Type of license being applied for: _____

Name of corporation or company by whom you will be () employed () owner

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

Is this application a renewal? () Yes () No Fee: _____ License Number: _____

The official making the determination of suitability will provide you the opportunity to complete or challenge the accuracy of the information contained in the identification record.

Personal History and Identification

NAME OF APPLICANT: _____ (last) _____ (first) _____ (middle)

ADDRESS: _____ PHONE (HOME): _____ (Street)

_____ PLACE OF BIRTH: _____ (City, State, Zip)

AGE: _____ DOB: _____ SS#: _____ DL#: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ RACE: _____ SEX: _____

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? _____

Please list the local telephone number(s) at which you can be contacted and the hours you can be contacted:

Phone: () _____ Hours: _____

Phone: () _____ Hours: _____

CONTINUED ON REVERSE SIDE

Systems Checked: (for Department use only)

Driver's License: _____ RCPD/PCSO: _____ NCIC: _____ DCI: _____ OTHER: _____

Information Summary:

INVESTIGATOR: _____ SUPERVISOR: _____ RECOMMEND: Yes / No

DEPARTMENT: APPROVAL / DISAPPROVAL DATE: _____

Chief of Police, Craig Tieszen

Beginning with current employment, please list all jobs you have held in the past five years and the dates of employment. If more space is required, please provide information on an additional sheet of paper.

Company Name	Street Address	City, State	Dates Employed

LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), please provide details below.

Approx. Date	Agency & State	Circumstances & Disposition

Have you ever been on court probation as an adult? _____ If "yes", please give details (including when, where, why).

TRAFFIC

If operation of a motor vehicle is an integral part of the position you are being licensed for, an investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

Name	Driver's License #	State	Expiration Date

Please list all other states where you have been licensed to operate a motor vehicle.

Please list all traffic citations (excluding parking citations) you have received within the last five years.

Nature of Violation	Location (City & State)	Date	Disposition

Have you been involved as a driver in a motor vehicle accident within the last five years? _____

Date	Location (City & State)	Agency	Citation	Disposition

If there is anything you wish to discuss about your driving records, please indicate below and use reverse side of this form if needed.

WAIVER TO PERMIT BACKGROUND INVESTIGATION

I, _____, hereby authorize the Rapid City Police Department to conduct an investigation into my complete history, including my former employment, together with any and all information concerning my abilities, personal character, credit history, arrest record, etc.

I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation.

I also hereby understand that I may be asked to submit to a polygraph examination, in order to verify aspects of this background investigation.

Signature of Applicant

Date

Notary Public

My Commission Expires

SEAL

**NOTICE:
FAILURE TO DISCLOSE ANY CRIMINAL OR TRAFFIC OFFENSES
MAY RESULT IN THE DENIAL OF THIS LICENSE BY THE
RAPID CITY COMMON COUNCIL**