

APPLICATION FOR CITY LICENSE

Type of license being applied for: Ice Cream Vendor Business

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

BUSINESS NAME: ~~100000~~ Licker Split

BUSINESS ADDRESS: 11225 Quaal Rd Black Hawk, SD 57718

BUSINESS PHONE: 391-2983

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: Williamson Maranda Jane
(last) (first) (middle)

ADDRESS: 11225 Quaal Rd PHONE (HOME): 787-5039
(Street)

Rapid City, SD 57718 PLACE OF BIRTH: Rapid City
(City, State, Zip)

AGE: 29 DOB: 9-5-83 SS#: 304-15-6519 DL#: 00834554

HEIGHT: 5'7" WEIGHT: 125 HAIR: blond EYES: blue RACE: W SEX: F

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? Yes

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

Phone: (605) 391-2983 Hours: anytime

Phone: (605) 787-5039 Hours: 3 - 10 pm

CONTINUED ON REVERSE SIDE

#5784415

Systems Checked: (for Department use only)

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

Information Summary: **MAY 06 2013**

**ALL SYSTEMS CHECKED,
NO INDICATION OF
NEGATIVE ACTIVITY.**

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INVESTIGATOR: John #300 SUPERVISOR: _____ RECOMMEND: Yes / No

Steve Allender DEPARTMENT APPROVAL / DISAPPROVAL DATE: 5/14/13
Chief of Police, Steve Allender

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

Date	Location (City & State)	Agency	Citation	Disposition
2010???	Rapid City		re-end	

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

A city truck w/ long flat bed trailer turned @ U-haul @ 5pm - No turning lane. No ticket was given to me.

Print

WAIVER TO PERMIT BACKGROUND INVESTIGATION

I, Maranda Williamsen, 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.

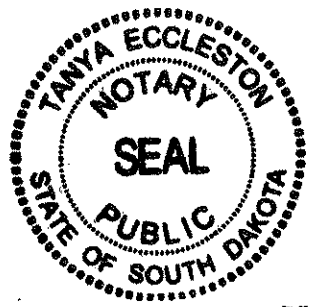
I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation.

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

must be signed in front of a NOTARY

M. Wilsen
Signature of Applicant

5-1-13
Date



Tanya Eccleston
Notary Public

4-1-2019
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

STATE OF SOUTH DAKOTA
DIVISION OF CRIMINAL INVESTIGATION
OFFICE OF ATTORNEY GENERAL
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
PIERRE, SOUTH DAKOTA 57501-8505
PHONE (605) 773-3331
FAX (605) 773 4629

May 6, 2013

RAPID CITY POLICE DEPARTMENT
300 KANSAS CITY ST/ SUITE 302
RAPID CITY SD 57701

Dear Sir or Madam:

Please be advised that we have conducted a search of the Division of Criminal Investigation records for Maranda Williamson with no South Dakota criminal history found for this individual.

Please contact us if we can be of further assistance.

Sincerely,

Bryan Gortmaker, DIRECTOR

By: Jami Oakland

Identification Specialist