



## BACKGROUND INVESTIGATION FORM

Date of application: \_\_\_\_\_

### **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### **BUSINESS OWNER(s): (A separate investigation form is required for each owner. See reverse)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a license or permit revoked, denied or suspended? Yes  or No  If yes, list the jurisdiction, date, and reason: \_\_\_\_\_

Have you ever been convicted of any criminal charges (misdemeanor or felony) in the last 10 years? Yes  or No  If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you that are still pending? Yes  or No  If yes, list jurisdiction, date, and reason: \_\_\_\_\_

Has applicant (Owner) previously owned or operated a business? Yes  or No  If yes, names of business and location: \_\_\_\_\_

Provide a brief statement of applicant's background and employment history for the past five years: \_\_\_\_\_

### **BUSINESS INFORMATION:**

#### **Manager:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Building Leased From:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Planned Business Hours:** Days open for business: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Does this business have an ABL License? Yes  If yes, License Number: \_\_\_\_\_ No  If no, does this business plan to apply for an ABL License? \_\_\_\_\_

Does this business have any coin-operated amusement machines? Yes  No  If yes, do you own or lease? \_\_\_\_\_

Leased from: \_\_\_\_\_ Type of machines: \_\_\_\_\_ Number of machines: \_\_\_\_\_

**\*\*\*\*\* I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING THIS APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY LICENSE(S).**

**Signature (owner/applicant):** \_\_\_\_\_ **Required on each page.**

**Print Name (owner/applicant):** \_\_\_\_\_ **Required on each page.**

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**BUSINESS OWNER #2:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a license or permit revoked, denied or suspended? Yes  or No  If yes, list the jurisdiction, date, and reason: \_\_\_\_\_

Have you ever been convicted of any criminal charges (misdemeanor or felony) in the last 10 years? Yes  or No  If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you that are still pending? Yes  or No  If yes, list jurisdiction, date, and reason: \_\_\_\_\_

Has applicant (Owner) previously owned or operated a business? Yes  or No  If yes, names of business and location: \_\_\_\_\_

Provide a brief statement of applicant’s background and employment history for the past five years: \_\_\_\_\_

**BUSINESS OWNER #3:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a license or permit revoked, denied or suspended? Yes  or No  If yes, list the jurisdiction, date, and reason: \_\_\_\_\_

Have you ever been convicted of any criminal charges (misdemeanor or felony) in the last 10 years? Yes  or No  If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you that are still pending? Yes  or No  If yes, list jurisdiction, date, and reason: \_\_\_\_\_

Has applicant (Owner) previously owned or operated a business? Yes  or No  If yes, names of business and location: \_\_\_\_\_

Provide a brief statement of applicant’s background and employment history for the past five years: \_\_\_\_\_

**\*\*\*\*\* I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING THIS APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY LICENSE(S).**

**Signature (owner/applicant):** \_\_\_\_\_ **Required on each page.**

**Print Name (owner/applicant):** \_\_\_\_\_ **Required on each page.**



## Background Check Instructions

1. A police background check will be required for the following new businesses: **Amusement Centers, Bingo Operators, Detective Agencies, Escort Services, Sexually Oriented Businesses, Kindergarten/Nursery/Day Cares, Pawn Shops, Precious Metal Dealers, Restaurant Owners, Transient Merchants/Peddlers/Mobile Vendors, Day Cares** and others as the Revenue Administrator deems necessary.

- **Sec. 8-42. - Police background checks required for certain businesses.**

A police background check will be required for the following new businesses prior to issuance of a business license. Background checks may include owners, partners, managers, operators and employees as designated below. In addition to the standard background check, fingerprints, photographs and other information may be required as specified below.

- (a) Amusement centers. Background check on owners, partners and managers.
- (b) Bingo operators. Background check on owners, partners and managers.
- (c) Detective agencies. Background check on owners, partners, managers and all other employees.
- (d) Escort services. Background check, photographs and fingerprints on owners, partners, managers and all other employees.
- (e) Sexually oriented businesses. Background check on owners, partners, managers and all other employees.
- (f) Kindergarten, nursery and day cares. Background check on owners, partners, managers and all other employees.
- (g) Pawn shops. Background check on owners, partners, managers and all other employees.
- (h) Precious metal dealers. Background check on owners, partners, managers and all other employees.
- (i) Restaurant, nightclubs, taverns, bars and related clubs. Background check on owners, partners and managers.
- (j) Transient merchants/peddlers/mobile vendors. Background check on owners, partners, managers and all other employees.
- (k) Others. Others as set out elsewhere in this Code, or as deemed necessary by the revenue administrator.

(Ord. No. 2012-96, Exh. A, 11-26-12)