

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** 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)



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: _____

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