## Reno Police Department Personal History Statement

For

Privileged Business License Application

## **Instructions to Applicant**

Complete this process <u>after</u> submitting your business license application to the City of Reno Business License Division.

Your background investigation begins when you bring this <u>completed</u> Personal History Statement (PHS), with the last two (2) pages notarized, to the Reno Police Department's Work Applicant Unit where you will be fingerprinted and photographed (a cash fee will be charged). Fingerprint cards are submitted to the Nevada Criminal Justice Information Services Repository (NCJIS) and to the Federal Bureau of Investigation (FBI). This information may take several weeks to be returned to us. Therefore, <u>complete this step as soon as possible (within fifteen (15) days preferably)</u> after submitting your business license application to the Business License Division.

Reno Police Department
Work Applicant Unit
455 East 2<sup>nd</sup> Street
Monday – Thursday 7:30 am -3:30 pm
Closed from 11:00 am - Noon

Each applicant (person to be licensed) must complete a PHS (RMC Title 5). The information provided is confidential and any statement is subject to verification.

Respond to answers openly and as accurately as possible. Deliberate inaccuracies, false or incomplete statements can be reasons to deny your application. Any negative factor in your background will be evaluated in terms of the surrounding circumstances and the relevance to your business license.

If extra space is needed, write your answers, along with the question number on a blank sheet of paper and attach it to the PHS.

<u>Note: Applicants who live outside of the greater Reno area</u>, who are mailing their RPD documents including completed and notarized PHS, **two (2) required fingerprint cards (DO NOT BEND WHEN MAILED)** with RPD fees (check or money order) and mail to:

Reno Police Department Attention: Work Applicant Unit PO Box 1900 Reno, NV 89505

Questions regarding the 1115 (	of Ki D Dackground process, picase can 775.554.2165
Effective April 19, 2022	Account #

\*\*Questions regarding the PHS or RPD Rackground process, placed call 775,334,2183

TYPE or PRINT in ink.

Do not have another person complete the responses for you.

If a question does not apply, write "N/A" in the answer space.

DO NOT leave any sections blank

BUSINESS NAME		
BUGINESS ADDRESS		
BUSINESS ADDRESS		
POSITION WITH BUSINESS		
YOUR NAME (LAST, FIRST, MIDDLE)		
OTHER NAME (SUCH AS MAIDEN, MARRIED	NICKNAME ETC)	
OTHER NAIVIE (SOCH AS MAIDEN, MARKIEL	, MICKIVAIVIE, ETC)	
BIRTH DATE		
PLACE OF BIRTH (CITY, STATE, COUNTRY)		
SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		
MARKS, SCARS, TATTOOS		
MARKS, SCARS, TATTOOS		
RESIDENCE ADDRESS		
AAAH ING ADDDESS		
MAILING ADDRESS		
TELEPHONE NUMBERS		
HOME	WORK	CELLULAR
E MANUAD DESC		
E-MAIL ADDRESS Primary -		
Secondary -		

Have you ever been arrested or issued a misdemeanor citation, excludin	g Traffic, in the last 10 years?			
Yes No If Yes please explain the details of the arrest, include an approximate date & which Police Agency was involved				
Three please explain the details of the arrest, melade an approximate da	ac a which to lice Agency was involved			
Have you ever been a subject, in any jurisdiction, to administrative action discipline relating to the operation of a business licensed in the jurisdiction suitability issues?	,			
Yes No If Yes please explain what, where & why:				
if tes please explain what, where & why.				
AUTHORIZATION TO RELEASE IN	IFORMATION			
As an applicant for a City of Reno Business License, I hereby authorize the including that of a confidential or privileged nature, from my previous enhave examined or treated me, friends and acquaintances, credit reporting may be called upon by Reno Police Department personnel. I understand the investigation of my suitability for a privileged business license and the will not be released to any other person(s), including myself.	mployers, physicians and professionals who maying services, public agencies and all others who the information provided will be used only for			
I hereby release you, your organization, or other from liability or damage requested information. I further authorize that a photocopy of this form the original. I authorize you to retain a copy of this form for your files.				
This Authorization to Release Information is valid for any information su	pplied within one (1) year of my signature.			
Name of Applicant (print)				
Signature of Applicant	Date			
State of County of				
This instrument was acknowledged before me on (date)	by			
(Print name of applicant	<del></del>			
(Signature of notarial officer)				

## **CERTIFICATAION and PENALTY**

I HEREBY DECLARE that any and all statements and information provided to the Reno Police Department in this Personal History Statement for my background investigation are true and complete to the best of my knowledge and belief. I understand any misstatement or omission of material fact or willful deception will be cause for disqualification and rejection of my City of Reno privileged business license application and could also be grounds for suspension or revocation of my privileged business license after issuance.

Name of Applicant (print)		
Signature of Applicant		Date
State of	County of	
This instrument was acknowledged before me on (date)		by
(Print name of applicant		
(Signature of notarial officer)		