Reno Police Department
**Personal History Statement**
Privileged Business License

## INSTRUCTIONS to APPLICANT

**Complete this process *after* submitting your business license application to the City of Reno Business License Division.**

**Your background investigation begins when you bring this completed 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 and to the Federal Bureau of Investigation. This information will take several weeks to be returned to us. **Therefore, complete this step as soon as possible after submitting your business license application to the Business License Division.**

The information you provide in this Personal History Statement (PHS) will be used by the Reno Police Department Background Investigators to determine your suitability for obtaining a City of Reno Privileged Business License. The Chief of Police may recommend approval or denial of your application to the Business License Division based on your cooperation and the information provided.

Each applicant (person to be licensed) and each person with a 10% or more interest in the business 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.

For applicants applying by mail:
Applicants who live outside the greater Reno area, who are returning documents given or mailed to them by the Business License Division (such as **2** required fingerprint cards, PHS packet(s), business license application, applicable fees, etc.) may return them by mail to:

City of Reno
Business License Division
PO Box 1900
Reno, NV 89505

*****Questions** regarding the PHS or Background process, call **775-334-2180*****

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1. | BUSINESS NAME & ADDRESS | | | | |
| 2. | POSITION WITH BUSINESS | | | | |
| 3. | YOUR NAME (LAST,FIRST,MIDDLE) | | | | |
| 4. | OTHER NAMES (SUCH AS, MAIDEN, MARRIED, NICKNAMES, ETC) | | | | |
| 5. | RESIDENCE ADDRESS | | | | |
| 6. | MAILING ADDRESS | | | | |
| 7. | TELEPHONE NUMBERS | HOME | WORK | PAGER OR MESSAGE | CELLULAR |
| 8. | BIRTHDATE | | | | |
| 9. | PLACE of BIRTH (CITY & STATE) | | | | |
| 10. | SOCIAL SECURITY NUMBER | | | | |
| 11. | MARKS, SCARS, TATTOOS | | | | |

12. DRIVER'S LICENSE INFORMATION- List all licenses issued.

| NUMBER or NAME USED | EXPIRE DATE | STATE | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Have you every had a driver's license suspended, revoked or been placed on negligent operator's probation or restriction? _____ yes _____ no If yes, list state & explain why.

13. RESIDENCES FOR THE LAST 10 YEARS-List current first. If rental, include landlord's name address & phone

| ADDRESS | DATES/FROM TO | REASON for MOVING |
|---|---|---|
| | | |
| | | |
| | | |

| 14. | PERSONAL REFERENCES- List 3 persons who we may contact that have knowledge of your previous businesses or business practices. | | | |
|---|---|---|---|---|
| | NAME | ADDRESS | PHONE | RELATIONSHIP |
| | | | | |
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| 15. | EMPLOYMENT HISTORY/BUSINESS OWNERSHIP- Begin with a current employment/business ownership. List jobs and businesses (those in which you had an interest in) for the past 10 years. Include part-time, temporary, voluntary work. List period of unemployment in sequence. | | | |
|---|---|---|---|---|
| | BUSINESS NAME | ADDRESS | PHONE | FROM TO |
| | SUPERVISOR'S NAME | TITLE or DUTIES | REASON for LEAVING | |
| | 1. | | | |
| | | | | |
| | 2. | | | |
| | | | | |
| | 3. | | | |
| | | | | |
| | 4. | | | |
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| | 5. | | | |
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| 16. | FINANCIAL INFORMATION- Your financial obligations, payment history & credit report will be reviewed. The amount of indebtedness, in itself, will not be used in evaluating your qualifications for licensing. | | |
|---|---|---|---|
| A. | INCOME | | |
| | MONTHLY SALARY | | SOURCE |
| | SPOUSE'S SALARY | | SOURCE |
| | OTHER MONTHLY INCOME | | SOURCE |
| | COMBINED INCOME | | |

| B. | | | | |
|---|---|---|---|---|
| | SAVINGS | $ | BANK | ACCT# |
| | | | NAME on ACCOUNT | |
| | SAVINGS | $ | BANK | ACCT# |
| | | | NAME on ACCOUNT | |
| | CHECKING | $ | BANK | ACCT# |
| | | | NAME on ACCOUNT | |
| | CHECKING | $ | BANK | ACCT# |
| | | | NAME on ACCOUNT | |

| C. | EXPENDITURES | AMOUNT | CURRENT BALANCE |
|---|---|---|---|
| | MORTGAGE/ RENT | | |
| | VEHICLES | | |
| | CREDIT ACCOUNTS | | |
| | OTHER | | |
| | COST OF LIVING- INCLUDE UTILITIES, FOOD, GASOLINE, ETC | | |
| | TOTAL MONTHLY EXPENDITURES | | |
| | TOTAL COMBINED LIABILITIES | | |

| D. | REAL ESTATE HOLDINGS |
|---|---|
| | ADDRESS |
| | ADDRESS |
| | ADDRESS |

| E. | Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? ☐ yes ☐ no<br>If yes, explain when, where & why: |
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| F. | Have any of your bills been turned over to a collection agency and/ or have you had goods repossessed within the last 7 years? ☐ yes ☐ no If yes, explain when, what agency, circumstances | | |
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| G. | Have your wages been garnished within the last 7 years? ☐ yes ☐ no If yes, explain details | | |
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| H. | Have you ever been delinquent on child support, income tax or other tax payments? ☐ yes ☐ no If yes, explain what, where, & why: | | |
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| 17. | VEHICLE INFORMATION | | | | |
|---|---|---|---|---|---|
| | LICENSE | STATE | YEAR | MAKE | MODEL |
| | | | | | |
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| | Nevada Revised Statute 485.185 requires operators/owners of vehicles to be covered by liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. List the insurance coverage on your personal vehicles and any which you intend to use for business. | | | | |
| | COMPANY | ADDRESS | POLICY # | EXPIRE DATE | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | List any traffic citations you have received in the past 7 years. Exclude parking citations | | | | |
| | VIOLATION | CITY | DATE | DISPOSITION | |
| | | | | | |
| | | | | | |
| | | | | | |

| 18. | Have you ever been arrested, taken into physical custody, issued a misdemeanor citation or convicted of any crime? Exclude traffic violations. ☐ yes ☐ no | | |
|---|---|---|---|
| | APPROXIMATE DATE | POLICE AGENCY | CIRCUMSTANCES |
| | | | |
| | | | |
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| 19. | Have you ever been placed on adult court probation? ☐ yes ☐ no |
|---|---|
| | If yes, explain when, where, & why: |
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| 20. | Have you ever been involved as a defendant or plaintiff in any civil court action? ☐ yes ☐ no |
|---|---|
| | If yes, explain when, where & why: |
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| | |

| 21. | Have you ever served in the Armed Forces, National Guard, or Military Reserves? ☐ yes ☐ no | | | | |
|---|---|---|---|---|---|
| | BRANCH | SERVICE # | DATE/FROM | TO | TYPE of DISCHARGE |
| | | | | | |
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AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a City of Reno Business License, I hereby authorize the release of information concerning me, including that of a confidential or privileged nature, from my previous employers, physicians and professionals who may have examined or treated me, friends and acquaintances, credit reporting services, public agencies and all others who may be called upon by Reno Police Department personnel. I understand the information provided will be used only for the investigation of my suitability for a privileged business license and that the information is deemed confidential and will not be released to any other person(s), including myself.

I hereby release you, your organization, or others from liability or damage which results from furnishing the requested information. I further authorize that photocopy of this form shall be for all intents and purposes as valid as 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 supplied 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 _____

by _____
(name of person)

CERTIFICATION 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 _____

by _____
(name of person)