



## INDIVIDUAL APPLICANT INFORMATION SHEET

INFORMATION PROVIDED BELOW, MUST BE LEGIBLE, AND COMPLETED BY EACH INDIVIDUAL OPERATING UNDER THE BUSINESS NAME.

Business Name Applying Under: \_\_\_\_\_

Full legal name of individual: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
First Middle Last

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Scars/Marks/Tattoos \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Driver's License **OR** Government issued Identification Number: \_\_\_\_\_

Description of Vehicle: Color: \_\_\_\_\_ Make/model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you had your driver's license revoked, suspended **OR** restricted within three years immediately prior to the date of this application? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If **YES**, give the nature of any revocation, suspension, or restrictions: \_\_\_\_\_

Have you ever been convicted of a felony **and/or** a misdemeanor: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If **YES**, list all convictions for a felony or any crime within the last **ten** years, and any that you have had immediately prior to the date of this application: \_\_\_\_\_

Have you ever received a citation or been charged with any offense related to soliciting or peddling?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If **YES**, provide the following information: **Community** \_\_\_\_\_ **State** \_\_\_\_\_

**Date** \_\_\_\_\_ **Offense** \_\_\_\_\_

Have you ever had any peddler or other occupational licenses from this City or any other state or municipal authority revoked, suspended, or denied within three years immediately prior to the date of this application?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES**, give the nature of any revocation or citation: \_\_\_\_\_

### ATTACH THE FOLLOWING:

- COPY OF GOVERNMENT ISSUED IDENTIFICATION WITH PHOTOGRAPH.
- ICHAT SHEET
- PROOF OF CURRENT INSURANCE ON VEHICLE.

I ATTEST THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE AND ALL ANSWERS ARE MADE IN GOOD FAITH.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**POLICE ADMINISTRATION USE ONLY**

(This section to be completed by the official designated by the Chief of Police and returned to the City Clerk's office upon completion)

**ICHAT** (Submitted by applicant with the application to be reviewed by Saline City Police Administration)  
*Comments:* \_\_\_\_\_

**DRIVER(S) LISTED ON PAGE 2 OF APPLICATION - APPROVED**  
*Comments:* \_\_\_\_\_

**CLEMIS** - *Comments:* \_\_\_\_\_

**NATIONWIDE SEX OFFENDER SEARCH** – *Comments:* \_\_\_\_\_

**OUTSTANDING WARRANT(S) FOR ARREST** – *Comments:* \_\_\_\_\_  
\_\_\_\_\_

**ENACT COURT SEARCH** - *Comments:* \_\_\_\_\_  
\_\_\_\_\_

**INDIVIDUAL LICENSE IS RECOMMENDED: YES \_\_\_ NO \_\_\_** *Comments:* \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Police Administration

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**WHEN COMPLETED BY POLICE PERSONNEL – RETURN TO CLERK'S OFFICE**