

CITY OF SCOTTSDALE RECORDS CHECK INFORMATION FORM

Records Check Fee	
Fingerprint Fee	
ID Card Fee	
Total Dua	

			Total Due				
	Busi	ness Information					
Regulatory License No		Type of L	ic. to be issued:				
	1	Business Registra	ation License No.				
BUSINESS NAME (Individual, Company or "I	DBA", first name first)		Area	a Code Busi	ness Telephone No.		
STREET NO. (N,E,S,W)	STREET NAME	STREET NAME			Type STE./APT. NUMBER		
Sity	State	ZIP					
Applicant, Name(s) of owner	(s), partner(s), officer(s), agen	t(s), shareholder(s) of 10% or more, o	n-site manage	rs, and employee(s)		
egal Name:		fiddle	Title		Date of Birth		
Residential Address:							
	Street State Iss	City Sued:	State Email:	Zip	Telephone No.		
Residence	address(es) of Applicant(s) (o	wner) for two years	s immediately prec	eding applicat	ion		
Address:							
rom:	еет То:	CITY		STATE	ZIP		
Address:							
rom:		CITY		STATE	ZIP		
		Convictions					
nvolving fraud, theft, dishones have plead "no contest" must b of the offenses listed above ev	n any jurisdiction, including a m ty, assaultive conduct or moral e included. You must also ansv en though you have not been c	I turpitude? Convict wer yes if you are ponvicted.	ions set aside or ex resently pending tri	xpunged from (court records or if yo		
f yes, you must provide spe	ecific information describing: WHERE OFFENSE		DATE OF		OUDT(C)		
OFFENSE	OCCURRED	DATE OF OFFENSE	DATE OF CONVICTION		OURT(S) ERED INTO		
hereby certify that all answer	nal information on a separates to questions are true and commy part of all rights, and cons	mplete, and I agree					
Date	Signature						
	OF	FICE USE ONLY					
Date Fingerprinted:	Info to Pol	lice department: _					
Recommendation: Approv	val: Denial:		Date:	Us	ser id:		

Officer: ______ I.D. Number: _____ FSCS2005-367RCI (05/2020)