



CITY OF SCOTTSDALE RECORDS CHECK INFORMATION FORM

Records Check Fee _____
Fingerprint Fee _____
ID Card Fee _____
Total Due _____

Business Information

Regulatory License No. _____ Type of Lic. to be issued: _____

Business Registration License No. _____

BUSINESS NAME (Individual, Company or "DBA", first name first) _____

Area Code _____

Business Telephone No. _____

STREET NO. _____

(N,E,S,W)

STREET NAME _____

Type _____

STE./APT. NUMBER _____

City _____

State _____

ZIP _____

Applicant, Name(s) of owner(s), partner(s), officer(s), agent(s), shareholder(s) of 10% or more, on-site managers, and employee(s)

Legal Name: _____
Last First Middle Title Date of Birth

Residential Address: _____
Street City State Zip Telephone No.

Driver's License# _____ State Issued: _____ Email: _____

Residence address(es) of Applicant(s) (owner) for two years immediately preceding application

Address: _____
STREET CITY STATE ZIP

From: _____ To: _____

Address: _____
STREET CITY STATE ZIP

From: _____ To: _____

Convictions

Have you ever been convicted in any jurisdiction, including a military court, within the past five-year period of any felony; or a misdemeanor involving fraud, theft, dishonesty, assaultive conduct or moral turpitude? Convictions set aside or expunged from court records or if you have plead "no contest" must be included. You must also answer yes if you are presently pending trial or other court proceedings for any of the offenses listed above even though you have not been convicted. ☐ Yes ☐ No

If yes, you must provide specific information describing:

OFFENSE	WHERE OFFENSE OCCURRED	DATE OF OFFENSE	DATE OF CONVICTION	COURT(S) ENTERED INTO

If necessary, attach additional information on a separate sheet.

I hereby certify that all answers to questions are true and complete, and I agree and understand that any misleading or false material facts may cause forfeiture on my part of all rights, and consideration to be licensed in the City of Scottsdale, State of Arizona.

Date _____

Signature _____

OFFICE USE ONLY

Date Fingerprinted: _____ Info to Police department: _____

Recommendation: Approval: _____ Denial: _____ Date: _____ User id: _____

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



Arizona Dept of Public Safety
Fingerprint Compliance Program

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You will be afforded a reasonable amount of time (60 days) to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov)."

I acknowledge that I understand this information and have received a copy for my records.

Print Name

Signature

Date:_____