

**NORTH LAS VEGAS POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

The background investigation that will be conducted for licensing of a business, or for finding of suitability for key personnel in relation to business licensing, will take an average of one to two weeks. This estimate is based on the Police Department receiving legible and complete background investigation applications. It is also based on the investigation resulting in no derogatory findings. Derogatory findings may result in considerable delays.

Please complete the Personal History Questionnaire included on pages 2 through 12 of this packet. General instructions are included on page two (2) and adherence to the instructions is critical to ensure timely processing of the application. Further, failure to bring or include the following items will delay processing of any investigation:

- Valid driver's license, state issued identification card, military ID or U.S. passport
- If born outside the United States please provide one of the following:
 - U.S. Passport
 - Resident Alien Card
 - Naturalization Certificate
 - U.S. Citizen Born Abroad, form DS-1350 or FS-240 e.g., child born to military family overseas
- Complete City of North Las Vegas City I.D. Form
- City of North Las Vegas Police Department Applicant's Request to Release Information Form
- Certificate of Fictitious Firm Name Form - Form is required for businesses operating under a fictitious name pursuant to NRS Chapter 602 (Refer to page three of application)
- Original or certified copy of birth certificate (Refer to page five of application)
- Recent passport size photo must be attached (Refer to page five of application)

Are there any Limited Partnerships currently associated with this business or anticipated in the future? Yes No

Name of Limited Partnership

Attach copies of Limited Partnership papers, including names and amounts of all investors. If a Limited Partnership is anticipated in the future, papers must be filed with the Special Investigations Section at the time of the offering and a listing provided of all investors when the partnership is closed.

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

_____ being first duly sworn, deposes and says that he/she is the applicant for _____ shares of stock in the _____ corporation; that such ownership is not affected by any manner of agreement limiting such ownership, nor has it been assigned or pledged to any person, firm or corporation, save and except as hereinafter specifically described (if not enough space, attach exhibits or a separate sheet of paper):

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____ BY _____

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

STATE OF NEVADA |)

) ss.

COUNTY OF CLARK |)

_____ being first duly sworn, deposes and says that he/she is the applicant for an individual license or for a _____ % share of the interest therein; that such ownership is not affected by any manner of agreement limiting such ownership, nor has it been assigned or pledged to any person, firm or corporation, save and except as hereinafter specifically described (if not enough space, attach exhibits or a separate sheet of paper):

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

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NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

Note: Each applicant must complete this page, sign and have notarized (even where no financial interest is involved).

1. Last Name First Name Middle Name

Aliases, nicknames, maiden name, other name changes – legal or otherwise

2. Present Residence Address (number/street or rural address)		City – Post Office	State / Zip
Present Business Address		City – Post Office	State / Zip
Occupation		Phone (residence)	(business)
3. Date of Birth	Social Security #	Place of Birth (City/County/State)	

MUST PROVIDE ORIGINAL CERTIFIED COPY OF BIRTH CERTIFICATE AT TIME OF APPLICATION
(PHOTOCOPIES WILL NOT BE ACCEPTED)

PHYSICAL DESCRIPTION

Sex	Height	Weight	Hair Color	Eye Color	Physical Build
Scars, tattoos, or distinguishing marks and/or characteristics					Glasses? Yes No

4. Driver's license #	State of issuance	Date photo taken
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Are you a citizen of the United States? Yes No If no, list Alien Registration # _____ If naturalized, certificate number/date/place _____ <p style="text-align: center;">IF NATURALIZED, DOCUMENT MUST BE VERIFIED BY NLVPD. If a Resident Alien, copy of front and back of card must be attached to this application.</p>	TAPE A RECENT PHOTOGRAPH HERE
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5. Marital Status Single Married Separated Divorced Widowed Engaged

Name of Spouse	Spouse's Date of Birth
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Spouse's Address	Spouse's Place of Birth (city/state)
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Spouse's Social Security #	Spouse's Employer and Occupation
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Name of Fiancée	Fiancée's address
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6. CHILDREN AND DEPENDENTS (List ALL children, step-children and adopted children and give the following information). Attach additional sheets if necessary.

NAME	SEX	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	SUPPORTED BY

7. EDUCATION

	NAME OF SCHOOL	CITY AND STATE	DATES ATTENDED	GRADUATED	TYPE OF DEGREE/MAJOR
HIGH SCHOOL				Yes No	
COLLEGE OR UNIVERSITY				Yes No	
OTHER				Yes No	
OTHER				Yes No	

8. MILITARY STATUS

Have you ever been in any Armed Forces? Yes No	Branch	Serial Number
Date of Entry/Active Service	Date of Separation	Type of Discharge
		Rank at Separation

9. ARREST, DETENTION AND LITIGATION

Have you ever been arrested for ANY REASON WHATSOEVER, or issued a citation (excluding speeding and parking citations)? Yes No (If yes, give details on a separate sheet of paper, including the following information: Date of arrest, age, charge, location-city and state, disposition. LIST ALL CASES WITHOUT EXCEPTION.)

Have you or your spouse ever been involved in any court action, civil or criminal (including divorces)? Yes No (If yes, give details on a separate sheet of paper including the following information: Date of action, location, what court action was about. LIST ALL CASES WITHOUT EXCEPTION.)

Have you ever had a record, civil or criminal, sealed by a court order? Yes No (If yes, give details including where sealed and when, on a separate sheet of paper. LIST ALL CASES WITHOUT EXCEPTION.)

Has a city, state or federal crime commission ever questioned you? Yes No (If yes, give details on a separate sheet of paper.)

Have you ever been questioned by a grand jury? Yes No (If yes, give details on a separate sheet of paper.)

From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? Yes No Was Liquor Present? Yes No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? Yes No Was Liquor Present? Yes No
From Date	Name / Mailing Address of Employer		Why did you leave?
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Salary	Name of Supervisor		Was Gaming Present? Yes No Was Liquor Present? Yes No
From Date	Name / Mailing Address of Employer		Why did you leave?
To Date	Job Title	Description of Duties	
Salary	Name of Supervisor		Was Gaming Present? Yes No Was Liquor Present? Yes No

12. CHARACTER REFERENCES (List FIVE character references who have known you for FIVE years or more. Do not include relatives, present employers or employees. Provide complete mailing addresses and zip codes of all character references as these are verified by mail.)

Name	Home Address (city/state/zip)	Years Known
Employer	Business Address (city/state/zip)	Phone
Name	Home Address (city/state/zip)	Years Known
Employer	Business Address (city/state/zip)	Phone
Name	Home Address (city/state/zip)	Years Known
Employer	Business Address (city/state/zip)	Phone
Name	Home Address (city/state/zip)	Years Known
Employer	Business Address (city/state/zip)	Phone
Name	Home Address (city/state/zip)	Years Known
Employer	Business Address (city/state/zip)	Phone

LICENSING HISTORY

13. Have you ever held a privileged or professional license in any state, including but not limited to the following: Yes No

- | | | | |
|---------------------------|-------------------------|------------|--------|
| Race Horse/Race Dog Owner | Real Estate Broker | Accountant | Liquor |
| Trainer or Manager | Real Estate Salesperson | Doctor | Gaming |
| Jockey | Private Investigator | Lawyer | |
| Boxing Promoter | Securities Dealer | | |

(IF YES, FILL OUT THE FOLLOWING CHART AND ATTACH ANY SHEETS FOR ADDITIONAL INFORMATION IF NEEDED.)

LICENSE	STATE	YEARS HELD	NATURE OF ANY DISCIPLINARY ACTION

14. Have you ever held a financial interest in a gambling venture, including a racetrack, racehorse or race dog, lottery, casino, bookmaking operation or pari-mutuel operation OUTSIDE the State of Nevada? Yes No
(If yes, attach details on a separate sheet.)
15. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes No (If yes, attach details on a separate sheet.)
16. Have you ever been refused any license whatsoever or related finding of suitability, or been a participant in any group which has been denied any license whatsoever or related finding of suitability? Yes No
(If yes, attach details on a separate sheet.)
17. Have you ever been granted a gaming or liquor license or been a participant in any group which has been issued a gaming or liquor license? Yes No (If yes, attach details on a separate sheet.)
18. Do you have any relatives associated with or employed in the gaming or liquor industry? Yes No
(If yes, attach details on a separate sheet.)
19. If currently or previously employed in Nevada gaming or where a work card or permit was required, give dates and places of issuance of work cards or permits.

DATE	PLACE OF ISSUANCE	WORK CARD OR PERMIT #

20. Are you currently indebted to a gaming establishment? Yes No (If yes, attach details on a separate sheet.)
21. Have you filled out a Cash Transaction Report (CTR) or has one been filled out for you in the past three (3) years?
 Yes No (If yes, attach details on a separate sheet.)

22. Is there any other information not provided elsewhere in this questionnaire which may negatively or positively influence the results of this investigation? Yes No (If yes, attach details on a separate sheet.)

23. State the name and address of any person, firm or corporation that has advanced, or is in the process of advancing or loaning, monies to the applicant to assist in the financing of this business, and the relationship, if any, to the applicant. (Attach documentation to support this loan.)

NAME	ADDRESS	RELATIONSHIP TO APPLICANT	AMOUNT

Explain in detail the amount of the loan, terms, method of repayment, interest rates and collateral for any advance or loan listed above:

24. Do you intend to actively participate in the operation of this business for which this license is desired?
 Yes No If yes, state position: _____
 If no, state reason: _____

25. Have you ever held, or do you presently hold, a gaming or liquor license in any state? Yes No
 (If yes, list below)

DATE (FROM/TO)	TRADE NAME AND ADDRESS

26. Is entertainment to be used in this establishment? Yes No (If yes, what type?)

27. Have you obtained the necessary permits for this entertainment? Yes No N/A

28. Are the premises for which the license is requested, owned by you or a business in which you have an interest?
 Yes No Or a partner? Yes No Who _____

Are the premises: Rented Leased Subleased

List the name and address of the person or firm from whom you are leasing or renting.

29. Have you been in business as an owner or part-owner previously or are you engaged in an active business as an owner or part-owner at this time? Yes No (If yes, fill in the following, and explain any "other.")

BUSINESS NAME	BUSINESS ADDRESS	PARTNER(S) NAME(S)	DATES	STATUS
				Still Open Sold Bankrupt Other

30. List names and addresses of persons or firms who will operate any type of vending machines or music boxes (including slot machines) in your establishment, that are not owned by you, in the spaces provided below. Provide documentation of agreements or leases.

I, _____ do hereby certify that I have read and understand the _____ ordinance(s)

(state type of license(s) applied for)

and will abide by it/them in its/their entirety and any amendments thereto, and furthermore certify that, if this application is approved and a license or licenses are issued, it/they will be accepted by me, subject to the terms and provisions of the applicable ordinance(s) and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the City; and I acknowledge the power and authority of the licensing authorities or other authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance(s), examination of its books of account, or to determine the true parties or interest, including any person(s) having an interest in the licensing premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

X _____
Signature of Applicant

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THIS _____ DAY OF _____, 20 _____ BY _____

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

STATE OF NEVADA)
) **ss.**
COUNTY OF CLARK)

_____ being first duly sworn, deposes and says that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge; that the same contains a full and true account of the information requested; and that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue, or revocation of, the license applied for, and should license applied for be granted, he/she agrees to abide by all city, county, state and federal laws, and fully understands that failure to do so may result in revocation proceedings.

X _____
Signature of Applicant

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