

**Reno Police Department**  
**Personal History Statement**

For

Privileged Business License Application

**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 (NCJIS) and to the Federal Bureau of Investigation (FBI). This information may take several weeks to be returned to us. Therefore, **complete this statement as soon as possible within fifteen (15) days prior to submitting your business license application to the Business License Division.**

Reno Police Department  
Work Applicant Unit  
911 Kuenzli Street  
Monday-Thursday 7:30 am -3:30 pm  
Closed from 11:00 am - Noon

Each applicant (person to be licensed) 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.

**Note: Applicants who live outside of the greater Reno area**, who are mailing their RPD documents including completed and notarized PHS, **two (2) required fingerprint cards (DO NOT BEND WHEN MAILED)** with RPD fees (check or money order) and mail to:

Reno Police Department  
Attention: Work Applicant Unit  
PO Box 1900  
Reno, NV 89505

";"Questions regarding the **PJIS or RPD** Background process. plrnst: call 775.334.2183

Effective April 19, 2022

Account# \_\_\_\_\_

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.

DO NOT leave any sections blank

|   |      |          |
|---|------|----------|
| BUSINESS NAME                                       |      |          |
| BUSINESS ADDRESS                                    |      |          |
| POSITION WITH BUSINESS                              |      |          |
| YOUR NAME (LAST, FIRST, MIDDLE)                     |      |          |
| OTHER NAME (SUCH AS MAIDEN, MARRIED, NICKNAME, ETC) |      |          |
| BIRTH DATE  |      |          |
| PLACE OF BIRTH (CITY, STATE, COUNTRY)               |      |          |
| SOCIAL SECURITY NUMBER                              |      |          |
| DRIVERS LICENSE NUMBER                              |      |          |
| MARKS, SCARS, TATTOOS                               |      |          |
| RESIDENCE ADDRESS                                   |      |          |
| MAILING ADDRESS                                     |      |          |
| TELEPHONE NUMBERS                                   |      |          |
| HOME  | WORK | CELLULAR |
| E-MAIL ADDRESS                                      |      |          |
| Primary -   |      |          |
| Secondary -   |      |          |

|   |    |
|---|----|
| Have you ever been arrested or issued a misdemeanor citation, excluding Traffic, in the last 10 years?          |    |
| Yes   | No |
| If Yes please explain the details of the arrest, include an approximate date & which Police Agency was involved |    |
|   |    |
|   |    |

|   |    |
|---|----|
| Have you ever been a subject, in any jurisdiction, to administrative action of any kind imposing fines or other discipline relating to the operation of a business licensed in the jurisdiction, or denied a license or work card, due to suitability issues? |    |
| Yes   | No |
| If Yes please explain what, where & why:  |    |
|   |    |
|   |    |

**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 other from liability or damage which may result from furnishing the requested information. I further authorize that a 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 (date) \_\_\_\_\_ by

(Print name of applicant \_\_\_\_\_)

(Signature of notarial officer)

CERTIFICATAION 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 (date) \_\_\_\_\_ by

(Print name of applicant \_\_\_\_\_)

\_\_\_\_\_  
(Signature of notarial officer)