

Reno Police Department

Personal History Statement For Privileged Business License Applications

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) to the Reno Police Department's Work Applicant Unit where you will be fingerprinted and photographed. All background review fees will be assessed with the Reno Police Department (RPD). 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 step **as soon as possible after** submitting your business license application to the Business Licensing Department.

Reno Police Department
Work Applicant Unit
911 Kuenzli St

Call 775-334-3875 to schedule an appointment

Monday – Thursday 8:00 am -4:00 pm

Closed from 11:00 am - Noon

Each applicant (person to be licensed) must complete a Personal History Statement (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 a completed 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 PHS or RPD Background process, please call 775.334.2183

Effective November 01, 2024

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)		
BIRTH DATE		
RESIDENCE ADDRESS		
TELEPHONE NUMBERS		
HOME	WORK	CELLULAR
PRIMARY E-MAIL ADDRESS		
Have you ever been arrested or issued a misdemeanor citation, excluding Traffic, in the last 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please explain what, where & why:		

AUTHORIZATION AND DECLARATION 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 others 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.

I declare under penalty of perjury that 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 _____

APPLICATION

TIB _____

FPC _____

PLEASE PRINT

Renewal

Original

Name
Last First Middle

Nickname/Maiden/Other

Street Address
Number and Street City State ZIP

Mailing Address
Street/RFD/Box City State ZIP

Home Phone

Drivers License No. State

Marks, Scars, Tattoos.....

Date of Application

Social Security No.....

Sex Race.....

Ht. Wt.....

Hair..... Eyes.....

Birthdate

Birthplace.....

Place of Employment..... Occupation

Previous work permit No. Where..... When.....

Next of kin or person to be notified in case of emergency:

Name Relationship.....

Street and Mailing Address Home Phone.....
Street/RFD/Box City State

All places of employment for last three years:

NAME	LOCATION	POSITION	FROM - TO	REASON FOR LEAVING
.....
.....
.....

(If more space is needed, use additional sheet)

Have you ever been arrested?.....(List all arrests)

DATE	CHARGE	ARRESTING AGENCY	CITY AND STATE	DISPOSITION
.....
.....
.....

(If more space is needed, use additional sheet)

DO NOT WRITE IN THIS SECTION

U.S. Citizen Yes No If no, Country

Alien Reg. No.....

Passport No.....

Agency.....

Local No.....

The undersigned applicant certifies that the foregoing information is true and correct to the best of his/her knowledge and belief and further that such certification is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial or revocation of a permit

Applicant's Signature

State of Nevada
Department of Business and Industry
Nevada Consumer Affairs Unit

Child Support Statement
Pursuant to NRS 425.520

Please indicate, in the appropriate box below, which one of the provisions applies to you. Your registration will be denied if you do not check the box that applies to you.

CHECK ONE BOX ONLY:

- I am NOT subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and AM IN COMPLIANCE with the order or plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am NOT IN COMPLIANCE with the order or plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.

I declare under penalty of perjury that the foregoing is true and correct.

I further certify that I will faithfully comply with all the statutes and regulations of the State of Nevada pertaining to the conduct of Structured Settlement Purchase Companies in the State of Nevada.

Signed on this day of , 20.

Signature: _____

Printed Name:

*NOTE: If you are not in compliance with the order or a plan approved by the district attorney, contact the district attorney or other public agency enforcing the order to determine the actions needed to satisfy the arrearage.



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Reno Police Department** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Reno Police Department (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____