



City of Henderson

Limited Business License Background Investigation Checklist

240 Water Street Henderson, Nevada 89015 • 702-267-1730

After submitting the Limited Background Investigation packet and paying the background investigation fees, the applicant must submit their investigation packet in person to the Henderson Police Department at 223 Lead Street between the hours of 9:00 am and 4:00 pm, Monday through Thursday. The processing time for the Limited Background Investigation averages 4 business days. For questions relating to the background investigation process, please contact the Business Operations Division at 702-267-1730.

All questions within the Limited Background Investigation Packet must be answered completely.

The following items must be submitted to constitute a complete Limited Background Investigation Packet:

- ☐ Complete **Criminal Background Authorization – Business License Limited Investigation** form
- ☐ Complete **Nevada Department of Public Safety Civil Applicant Waiver** form
- ☐ A copy of the applicant's valid Driver's license or government issued ID must be attached to the **Criminal Background Authorization – Business License Limited Investigation** form in order for the Police Department to process the application. **Therefore, all applicants must be prepared to present a valid US government issued picture identification. The ID must be presented at the time of fingerprinting.**
- ☐ Limited Investigation Fee - \$50.00



HENDERSON POLICE DEPARTMENT
Criminal Background Authorization –
Business License Limited Investigation

HPD 0087C

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I authorize the Henderson Police Department to run a nationwide computer based background check on myself .

I waive my rights under Title 5, United States Code, Section 552A, Privacy Act of 1974, with the understanding that only the City of Henderson will use the information furnished.

This waiver applies to all information covered by Title 5 as well as any relevant information not covered by that statute.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

I understand that I may be requested to provide arrest information and obtain documentation from other law enforcement agencies.

I understand that the approval or denial of suitability reached by the Business Operations Division as a result of this investigation will be provided to my employer.

I further understand that failure to disclose arrests and convictions with any other agency or failing to obtain the requested information in a timely manner, can result in disqualification of eligibility to volunteer, contract with or work for the City of Henderson and failure to provide all required information or providing false or misleading information constitute grounds for denial of this application and/or finding of suitability.

Print Full Name

Signature

Date

Business License Limited Investigation Applicant Information

License Classification(s) of Employer(s): (Check all that apply.) <input type="checkbox"/> Mobile food vendor <input type="checkbox"/> Non-profit liquor <input type="checkbox"/> Teenage dancehalls and nightclubs <input type="checkbox"/> Sexually oriented business						Attach passport photograph taken within last six (6) months here.
Home Address:						
Email Address:						
Individuals Position in Business:						
City of Henderson Business License Numbers:			City of Henderson Business Names:			
Date of Birth:	Place of Birth:	Social Security Number:	Driver's License Number:			
Cell Phone:		Home Phone:				
Eye Color:	Hair Color:	Race:	Sex:	Height:	Weight:	
Copy of Driver's License/ID must be attached to form to process background						Date Above Photo Was Taken:
Please Do Not Write Below This Line - For Henderson PD Use Only:						
Has Active Warrant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No HPD Arrests <input type="checkbox"/> Yes, HPD Arrests						
Arrest Date:		Charge(s):		Location:		
Arrest Date:		Charge(s):		Location:		
Arrest Date:		Charge(s):		Location:		
Arrest Date:		Charge(s):		Location:		
Date Reviewed by Civil Processing:				Date Result Received by BL:		
_____ PD Employee Signature				_____ Date		



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 **Henderson Police Dept/COH** (*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 Henderson Police Dept/COH (*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 #:

880147

Agency Representative: _____

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____