



## City of Henderson

# Business License Background Investigation Checklist

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

After submitting the business license application 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 background investigation averages 6-8 weeks. For questions relating to the background review process, please contact the Business Operations Division at 702-267-1730.

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

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

- Complete **Business Operations Division Background Investigation Questionnaire**
- Complete **Business License Applicant's Request to Release Information** form, including notarization
- Complete **Nevada Department of Public Safety Fingerprint Background Waiver** form

### Applicants that are US citizens by birth must provide the following:

- Certified copy of **Birth Certificate** (The original must be presented at the time of application and at the time of fingerprinting.)\*\*  
**OR**  
Copy of **Passport, Passport Card, Real ID License or Real ID Card** (The original must be presented at the time of application and at the time of fingerprinting.)

### Applicants that are not US citizens by birth must provide the following:

- Naturalized Citizens**  
Copy of the original **Naturalization certificate** (The original must be presented at the time of application and at the time of fingerprinting.)  
**OR**  
Copy of **Passport, Passport Card, Real ID License or Real ID Card** (The original must be presented at the time of application and at the time of fingerprinting.)
- Applicants with a Permanent Resident Card**  
Copy of **Permanent Resident Card, "green" card** (The original must be presented at the time of application and at the time of fingerprinting.)  
**AND**  
Certified copy of **Birth Certificate** (The original must be presented at the time of application and at the time of fingerprinting.)\*\*  
**OR**  
Copy of **Passport, Passport Card, Real ID License or Real ID Card** (The original must be presented at the time of application and at the time of fingerprinting.)
- Copy of **Visa**, if applicable.

### All applicants must be prepared to present a valid US government issued picture identification. The ID must be presented at the time of fingerprinting.

\*Individuals submitting a Background Investigation Packet who do not reside in Nevada are not required to appear in person when submitting the investigation packet. However, fingerprint cards from an authorized fingerprint agency must be provided along with the items listed above.

\*\* If not in English, an English translation must be submitted. The translation must be notarized as a true and exact copy.



# City of Henderson Business Operations Division

## BACKGROUND INVESTIGATION QUESTIONNAIRE

240 S. Water Street, Henderson, NV 89015 (702-267-1730)

### General Instructions:

1. The entire Questionnaire must be completed clearly, in blue or black ink, or typed.
2. All questions or items contained in the Questionnaire must be accurately answered or responded to; misrepresentation or failure to disclose any information requested in the Questionnaire may be deemed to be sufficient cause for the refusal of the application or revocation of a license if already issued.
3. If a particular area or question does not apply to you, you must write "N/A" in the area provided.
4. A current passport photograph must be attached to the questionnaire. The photograph must have been taken within the last six (6) months. It may not be a print-out, photocopy or duplication of any kind.
5. If the space available is insufficient to completely answer a question, attach a separate sheet of paper to provide a complete response. Clearly identify the item/number from the Questionnaire for which the response is being provided.
6. Do not misstate or omit any material fact(s) as the statements made by you within the Questionnaire are subject to verification.
7. The Business Operations Division does not provide notary service. All notarizations must be complete prior to submitting the Background Investigation Packet.
8. Additional information may be needed by the investigator assigned to your background investigation; additional information may include, but not be limited to, Federal income tax forms, bank statements and brokerage statements. If additional information is required, you will be notified by the investigator or his designee.

**By signing below, I acknowledge that I have read the above instructions and understand that I must file a complete, legible and truthful application and provide any additional information as requested by the investigator assigned to my investigation. Failure to comply with any of the above may result in delays in completing the review or the refusal or revocation of the application or license. I further understand that it is my responsibility to be thoroughly familiar with applicable ordinances, rules and regulations pertaining to the particular license(s) applied for. I also understand that Henderson Municipal Code requires a background investigation be completed prior to the granting of a privileged business license. I hereby authorize and hold harmless the City of Henderson Business Operations Division and Police Department to receive and utilize such information necessary to conduct my background investigation and understand that there shall be no refund of any of the investigation fees paid should I elect to withdraw my application or should the City refuse or withdraw my application or license.**

Signature of Applicant:

Date:



City of Henderson Business Operations Division  
**BACKGROUND INVESTIGATION QUESTIONNAIRE**  
240 S. Water Street, Henderson, NV 89015 (702-267-1730)

**PRINT CLEARLY. USE AN EXTRA SHEET, IF NECESSARY, TO PROVIDE COMPLETE ANSWERS.**

<b>Name</b>				<b>Attach passport photograph taken within last six (6) months here:</b>		
(Last)	(First)	(Middle)				
<b>Home Address:</b>						
(Street)	(Apartment/Space)					
(City)	(State)	(Zip)				
<b>Social Security Number:</b>		<b>Date of Birth:</b>				
<b>Contact Phone Number:</b>		<b>Contact E-mail Address:</b>				
<b>Driver's License Number (or other State issued identification number):</b>				<b>Date Above Photo Was Taken:</b>		
<b>Race:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Sex:</b>	<b>Hair:</b>	<b>Eyes:</b>	
<b>Place of Birth (Including Country):</b>						
<b>Naturalization Certificate Number (if applicable):</b>		<b>Alien Registration Number (if applicable):</b>		<b>Expiration (if applicable):</b>		
<b>VISA Number (if applicable):</b>		<b>Other (Please Explain or Describe) (if applicable):</b>				
<b>Other Names Used (Maiden or Married, for example):</b>						
<b>Name of Proposed Business (DBA):</b>				<b>Individual's Position in Business:</b>		
<b>Address of Proposed Business:</b>						
<b>License Classification(s):</b>						
<b>Please Do Not Write Below This Line - For Henderson Office Use Only:</b>						
<b>Date Reviewed by BL Supervisor:</b>			<b>Date Reviewed by Civil Processing:</b>			
<b>BL Supervisor Signature:</b>			<b>Date Application Sent To Investigator:</b>			
<b>Date Processed by BL Technician:</b>			<b>Date Investigation Completed:</b>			
<b>BL Receipt Number:</b>			<b>Date Approval/Denial Letter Sent to BL by Investigator:</b>			
<b>For PD Use Only</b>	<b>IIQ:</b>	<b>JL:</b>	<b>PRINTS:</b>	<b>OTHER LICENSES:</b>	<b>CREDIT:</b>	



City of Henderson Business Operations Division  
**BACKGROUND INVESTIGATION QUESTIONNAIRE**  
 240 S. Water Street, Henderson, NV 89015 (702-267-1730)

**PRINT CLEARLY. USE AN EXTRA SHEET, IF NECESSARY, TO PROVIDE COMPLETE ANSWERS.**

**#1 - Arrests and Citations:**

**(Provide all arrest and citation information for prior 10 year period, including any arrests where charges may have later been dismissed. Exclude citations issued for minor traffic offenses such as speeding and parking. Attach additional sheet if necessary.)**

Arrested/Citation for: \_\_\_\_\_

Place and date of arrest or citation: \_\_\_\_\_

Disposition: \_\_\_\_\_

Arrested/Citation for: \_\_\_\_\_

Place and date of arrest or citation: \_\_\_\_\_

Disposition: \_\_\_\_\_

**#2 - Have you ever been involved in a civil court action?  Yes  No**

**If yes, list and describe the nature of each action:**

\_\_\_\_\_  
 \_\_\_\_\_

**#3 - Have you ever held privileged or professional license(s) in any state?  Yes  No**

**If yes, indicate type of license(s), city/state/county of issuance, date of issuance and current status of license(s):**

\_\_\_\_\_  
 \_\_\_\_\_

**#4 - Have you ever had a business license application denied by any city/state/county for any reason?  Yes  No**

**If yes, please explain:**

\_\_\_\_\_  
 \_\_\_\_\_

**#5 - List all Cities, States and/or Countries resided in:**

\_\_\_\_\_  
 \_\_\_\_\_

STATE OF NEVADA )  
 )  
 COUNTY OF CLARK ) SS.

I, \_\_\_\_\_, do hereby certify that I have read and understand the ordinance(s) related to the license(s) for which I am applying. I will abide by the ordinance(s) in its/their entirety and any amendments thereto, and certify that, if this application for suitability is approved and the license(s) 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(s) of the City Council; and I acknowledge the authority of the licensing authorities and authorized representatives to enter the business establishment wherein the licensed business is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance(s). I further certify that I have read the foregoing application and confirm that the contents thereof contain a full and true account of the information requested; that I executed the same freely and voluntarily for the uses and purposes herein mentioned, and with full knowledge that misrepresentation or failure to reveal the information requested may be deemed sufficient evidence for refusal to issue, or revoke the license(s) applied for, and should the license(s) applied for be granted, I agree to abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE  
 FNBL-0722  
 Information collected per NRS 179A.075  
 Rev. 05/2020  
 FIN/BL-DSC



**HENDERSON POLICE DEPARTMENT**  
**Business License Applicant's Request to**  
**Release Information**

**HPD 0158**

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To: City of Henderson Police Department

From: \_\_\_\_\_  
(Applicant – Print Name)

1. I understand that I am applying for a privileged license from the City of Henderson Business Licensing Department in Henderson, Nevada and acknowledge that the burden of providing my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Henderson Police Department as agent of and for use by the City of Henderson Business Licensing Department and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely, knowingly, and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons, to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly-appointed officer of the Henderson Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly-appointed officer of the Henderson Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. If the person to whom this request is presented is a criminal justice agency or a repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly-appointed officer of the Henderson Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.
6. I do hereby make, constitute and appoint any duly-appointed officer of the Henderson Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for my use and benefit:
  - a. to request, review, copy and sign for or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present;
  - b. to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
  - c. to place the name of the Henderson Police Department officer presenting this request in the appropriate location on this request.

Applicant's Initials: \_\_\_\_\_



HENDERSON POLICE DEPARTMENT
Business License Applicant's Request to
Release Information

HPD 0158

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- 7. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
8. This power of attorney ends eighteen months from the date of execution.
9. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents or employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in law or equality, which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.
10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fee, arising out of or by reason of complying with this request.
11. A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at \_\_\_\_\_
(City, State)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of Nevada
County of Clark

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for said County and State

Signature of the Henderson Police Department Officer presenting this request:

\_\_\_\_\_

Officer Name P#

Date



## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) the City of Henderson Police Department that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. 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.

5. I hereby authorize (enter name of requesting agency) the City of Henderson Police Department, 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. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. 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, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: City of Henderson Police Department \_\_\_\_\_

Address: 223 Lead Street, Henderson NV 89015 \_\_\_\_\_

Agency representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_