



## Department of Business License

500 SOUTH GRAND CENTRAL PKY, 3<sup>RD</sup> FLOOR

BOX 551810

LAS VEGAS, NEVADA 89155-1810

(702) 455-4252

(800) 328-4813

FAX (702) 386-2168

<http://www.clarkcountynv.gov/businesslicense>

### Personal History Form

Approved for use by Clark County  
Department of Business License

---

#### *Application Instructions:*

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION

NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. All hand written answers must be in **BLACK** ink and in block lettering. Illegible applications WILL NOT be accepted.
2. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
3. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate "Does Not Apply." If there is nothing to disclose, indicate "None." Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
5. Signatures and initials must be made in **BLACK** ink.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
7. Additional information may be required by the Clark County Department of Business License or the Metro Police Investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
8. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
9. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

#### **BE SURE TO:**

- A. Attach a recent (within the past 6 months) **passport size color photograph** of yourself.
- B. **Sign and notarize** all applicable forms and pages.
- C. **Initial** each page.
- D. Include all required **attachments**.
- E. Retain a **copy** of the application for your records
- F. Read, initial and sign **TWO (2) copies of the Authorization to Release Information**.
- G. Provide a **copy** of your driver's license or state issued identification card.
- H. Provide a **certified copy** of your Birth Certificate or **copy** of Certification of Birth Abroad.

# Personal History Form

Date form completed

License Type

Name: Last *(includes Sr., Jr., Etc., if applicable)*

First

Middle

Mailing Address *(number and street)*

Apt. #

City/Town

State/Province

Zip/Postal Code

Home Address *(if different from mailing address)*

Apt. #

City/Town

State/Province

Zip/Postal Code

Present Business Address *(number and street)*

Suite#

City/Town

State/Province

Zip/Postal Code

Home Telephone Number

Present Business Telephone Number

Cell/Mobile Telephone Number

Date of Birth

Social Security Number

Email Contact

Sex

Eye Color

Hair Color

Height

Weight

1. Have you ever been known by any other name or names?

Yes

No

*If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise)*

2. Place of Birth

3. Are you a US Citizen?

Yes

No

If registered alien, list number

If naturalized, list certificate number

ATTACH A COPY OF ALIEN REGISTRATION/  
NATURALIZATION

Date of Naturalization

Port of Entry

Date of Entry

Of what country are you a citizen?

4. Have you ever been issued a passport?

Yes

No

*If yes, please complete the table below:*

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

**5. What is your current marital status?**

Married/Civil Union     Single     Divorced     Engaged     Legally Separated     Widow/Widower

**5a. Provide the following information regarding your current marriage and spouse:**

Name of Spouse		Current Address		Telephone Number	Spouse's Occupation
Social Security Number	Date of Birth	Place of Birth		Date of Marriage	Where Married

**6. Do you have any previous marriages?  Yes  No    6a. How many times have you been married?**

Name of Former Spouse		Present Address and Phone		Date of Birth
Date and Place of Marriage		Date and Location of Annulment, Separation, or Divorce		Docket/Case # of Divorce Action

Name of Former Spouse		Present Address and Phone		Date of Birth
Date and Place of Marriage		Date and Location of Annulment, Separation, or Divorce		Docket/Case # of Divorce Action

**7. Do you have any children?  Yes  No    7a. How many children do you have?**

Name	Date of Birth	Birthplace	Current Address	Supported By

**8. List names, residence address, dates of birth and most recent occupations of parents, parents-in-law or legal guardian. If deceased, please note.**

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

**9. Do you have any brothers, sisters, and do they have respective spouses?      O Yes   O No**

Name (include Maiden)	Relation	Date of Birth	Current Address	Phone Number	Occupation
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				
	<input type="checkbox"/> Sibling <input type="checkbox"/> Spouse				

**10. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived for the past 10 years (including residences while attending college or while in military service). You do NOT need to list any addresses prior to age 18.**

Date – From/To	Address	City/Town	County	State/ Province	Country	Zip/Postal Code

**11. Beginning with secondary school (high school), provide the information below with respect to each school, college, graduate, or post-graduate school you have attended.**

Dates – From/To	Name and Address of School, Training Program, etc.	Description of Education Program	List any Degree or Certification Attained	Graduated
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**12. Beginning with your present job and working backward, provide the following information in regards to each place you have worked for the past 10 years. You do NOT need to list any information prior to age 18. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence. You may also attach a copy of your "Work History" form that is available from the Social Security Administration detailing your employment history. If you choose this option, you must also provide the additional required information referenced in Questions 12a and 12b either on this form or as an attachment.**

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

**With regard to the previously listed employment:**

**12a. Were you ever discharged, suspended, or asked to resign from employment?**  Yes  No

**12b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?**  Yes  No

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

**13. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship). No person can be a reference who is a current employer, employee or business associate.**

**Reference One:** Name  Telephone No.  Occupation  Yrs known

Address  Business Address

**Reference Two:** Name  Telephone No.  Occupation  Yrs known

Address  Business Address

**Reference Three:** Name  Telephone No.  Occupation  Yrs known

Address  Business Address

14. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? O Yes O No  
*If you answer yes to this question, see instructions below...*

<b>Country of Service</b>	<b>Branch of Service</b>	<b>Service Serial #</b>	<b>Highest Rank Held</b>

<b>Period(s) of Active Service: From/To</b>	<b>Date of Each Discharge/Separation</b>	<b>Type of Discharge(s)</b>

**Attach a copy of your DD214 if you answer yes to this question. If that is unavailable, attach a copy of the appropriate branch of the military requesting a copy of your DD214. If in reserves, attach a copy of your discharge papers. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.**

14a. Have you been tried by military court-martial or have you had any charges filed against you while in the military? O Yes O No  
**This means any charges filed against you under article 15 of the Uniform Code of Military Justice** (*Summary Court, Deck Court, Captain's Mast, Company Punishment, etc.*)

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization that filed charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

The next question asks about arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

For purposes of the question:

“**ARRESTS**” include any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”

“**CHARGE**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”

“**OFFENSE**” is all crimes to include: felonies, gross misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probations or any other court order.

“**CITATION**” is an official summons to appear.

**Instructions:** Answer “yes” and provide all information to the best of your ability even if:

- You did not commit the offense charged.**
- The charges were dismissed or subsequently downgraded to a lesser charge.**
- You completed a pretrial intervention or equivalent diversionary program in other jurisdictions.**
- You were not convicted.**
- You did not serve any time in prison or jail.**
- The charges or offenses happened a long time ago.**

15. Have you ever been arrested or issued a citation, excluding traffic related offenses such as speeding, in any jurisdiction? O Yes O No

Nature of Charge or Offense/Location where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence

16. Have you ever been called to testify, or otherwise participated in a hearing or proceeding, before any Licensing Agency, Grand Jury, Federal Board, or Commission for any reason whatsoever? O Yes O No

Name of Licensing Agency/or Commission	Date(s) of Appearance(s)	Nature of Hearing	Was Testimony Given?

**17. List all current motor vehicle drivers' licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc) issued to you in any jurisdiction below:**

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

**18. Have you ever made application for, or held, any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license? Do NOT include Alcoholic Beverage or Driver's License.**  Yes  No  
*You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending.*

Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application
Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application

**19. Have you made application for or held a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc., or alcoholic beverage operation in any jurisdiction? You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the agency for any reason, withdrawn, or is currently pending.**  Yes  No

Name & Address of Licensing Agency/Organization (including Country, State/Province, County or Municipality or Town)	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending, etc.)	License, Permit, Approval or Registration Number

**20. Have any of the licenses, permits, or certifications applied for or held by you as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions in any jurisdictions?**  Yes  No

Type of License, Permit, or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

**21. Have you ever held a financial interest in a gambling venture, including race track, race horse, or race dog, lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada?**  Yes  No

*Provide details below*



**22. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation?**  Yes  No

Governmental Agency/Organization	Nature of Charge	Date	Disposition

**23. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? Check "Yes" even if the disbarment or exclusion is no longer in effect or has been lifted.**  Yes  No

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

**24. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc.**  Yes  No

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit
Nature of Suit		Disposition	Date of Disposition

**25. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?**  Yes  No

Nature of Debt	When Filed	Where Filed	Current Status

**26. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? (If yes, attach copy of Discharge)**  Yes  No

Date Filed	Docket/Case No.	Name and Address of Court	Name & Address of Filing Party	Name & Address of Trustee

**27. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? (If yes, attach copy of Participation Agreement)**  Yes  No

Name	Address.	Telephone No.	Contact Person	Date of Agreement

28. Are you currently indebted to a gaming establishment?

O Yes O No

*Provide details below*

29. Do you intend to actively participate in the operation of the business for which this license is desired?

O Yes O No

*State position/reason below*

30. Is entertainment to be used in this establishment?

O Yes O No

*Provide details below*

31. Did another individual complete this application on your behalf?

O Yes O No

Name	Date of Birth	Social Security Number	Address	Telephone No.,

31a. Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

**DOCUMENT ATTACHMENT - REVIEW SECTION**

Please review your answers to all questions carefully and attach items as requested/needed. Additional items may be requested by staff on a case-by-case basis.

**STATEMENT OF TRUTH AND ACKNOWLEDGMENTS**

I, \_\_\_\_\_, being duly sworn, say that I have read the foregoing Regulated License Application Personal History Form and know the contents thereof, and that the same are true; that the same contains a full and true account of the information requested; and that I executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the full knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue and/or revocation of the (remove comma) license applied for and should the license applied for be granted, I will abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

**Further, I attest that:**

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in denial of suitability for licensing.
6. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.
7. I agree to provide and disclose any information that reasonably relates to this application, the applicants qualifications, acceptability or fitness for an approval for suitability or for the requested license.
8. I agree to be fingerprinted and photographed.

**I do** hereby agree that Clark County Department of Business License may obtain information from my past and present employers, criminal justice agencies, financial institutions, Federal, State and local government agencies and other persons and entities and agree to release such information to Clark County Department of Business License for use in connection with this application.

**I do**, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge Clark County Department of Business License, its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against Clark County Department of Business License or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.

**I do hereby certify** that I have read and understand the \_\_\_\_\_ ordinance, and will abide by it in its entirety or any amendments thereto, and furthermore certify that, if this application is approved and a license issued, it will be accepted by me, subject to the terms and provisions of the applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing authority; and I acknowledge the power of 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, examination of its books of account, or to determine the true parties of interest, including any person(s) having an ownership interest in the licensed premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

**State of** \_\_\_\_\_

**County of** \_\_\_\_\_

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

Signed and Sworn to or Affirmed to  
before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notarial Officer**