

LICENSE APPLICATION FORM

PERSONAL ON SELF

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Phone No. _____ Date of Birth _____ Male _____ Female _____

Cell No. _____

Military _____ How Many Years _____

Type of Discharge _____

Former Address _____

Current Employment _____

Business Address _____

HACKNEY LICENSE ONLY Drivers License No. _____

Class of License _____ Have you had any violations in the past 18 months?

Yes _____ No _____ If yes, explain _____

AFFIDAVIT

Have you ever been arrested: _____ If so, what was the offense, what city/state; what date

PRIVATE DETECTIVES Do you intend to carry a firearm? _____ If so, list permit number _____

I, THE UNDERSIGNED APPLICANT, AFFIRM THAT THE FACTS CONTAINED HEREIN ARE TRUE AND THAT ANY OMISSION OR NON FACTUAL INFORMATION COULD RESULT IN THE DENIAL OF MY LICENSE.

Sign _____

DO NOT WRITE BELOW – POLICE USE ONLY

RECORD _____ NO RECORD _____ BCI _____

CHARGES _____

APPROVED _____ DISAPPROVED _____ DATE _____

Chief of Police

Investigating Officer