

11. License plate #: _____ State: _____

12. Name & address of the person, firm or corporation by whom the applicant is employed by:

13. Number of years with the person, firm or corporation: _____

14. Name & address of employer during the past three (3) years: _____

15. The last three (3) cities and villages where the applicant carried on business immediately preceding the date of application and address where business was conducted:

	<u>City/Village</u>	<u>Address</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

16. Description of merchandise/goods: _____

17. Date in which license/registration shall be in effect
_____ Beginning Date
_____ Ending Date

18. Have you previously had a peddler's license or solicitor's certificate of registration with the City of Columbia?

Yes No

19. If so, what was the date of the latest application? _____

20. Has a Certificate of Registration under this code ever been revoked?

Yes No

21. Has the applicant ever been convicted of a violation of any of the provisions of this code or the code of any other Illinois Municipality regulating peddling or soliciting?

Yes No

22. Has the applicant ever been convicted of the commission of a felony under the laws of the State of Illinois or any other State or Federal Law of the United States?

Yes No

Your signature on this application allows the City of Columbia Police Department to research your criminal history.

(Applicant Signature) _____ Date

Staff use below:

<i>Approved:</i>	<i>Date:</i>
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cc: Applicant Columbia Police Department

Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

Agency Information

Requesting Agency Name:	Requesting Agency ORI Identifier:
Requesting Agency Address:	
Fiscal Cost Center: (for entity responsible for paying ISP)	Purpose Code:

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (<i>if req. by Agency</i>):	DL/ State ID/ Passport # :		DL/ID State:

Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:	Address:	
Phone Number:	Appointment Date & Time:	IL Vendor License Number:

Privacy Act Statement

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.

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 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.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, 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.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):

Applicant Name (signature):

Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.