

Change of Manager Application: (3 pages)

Name: _____
(First) (Middle) (Last) (Other Name)

Address: _____
(Street) (City) (State & Zip)

How long have you lived at this address?

Provide your address history for the past 5 years:

From _____ to _____ Address: _____

From _____ to _____ Address: _____

From _____ to _____ Address: _____

E-mail address: _____

Home phone number: () _____ Other number: () _____

Date of Birth: _____

Place of Birth: _____

List each driver's license you have ever had and the state of issue:

DL#: _____ State of Issue: _____ Dates: _____

DL#: _____ State of Issue: _____ Dates: _____

Has your driver's license ever been suspended or revoked?

___ Yes ___ No

If "yes," where and when.

If you answered “yes” to the previous question: Have you ever been issued a citation for driving after your license was suspended or revoked?

Yes No

If “yes,” where and when?

Have you ever been convicted, plead guilty, or plead “no contest” to any law of the U.S., or any state, or of any local ordinance (other than traffic)? (DUI **should not** be considered a “traffic offense” – and therefore must be listed)

Yes No

If “yes”, provide the date of arrest, location, charge, and sentence of each conviction.

Have you been issued a citation for any alcohol-related offense?

Yes No

If “yes”, provide the date of arrest, location, charge of each conviction.

List all federal, state, and local licenses (including liquor licenses; excluding driver’s licenses) you currently hold, formerly held, or may have an interest in:

Have any of the above named licenses ever been suspended or revoked?

Yes No

If “yes”, list the dates and reasons for the suspensions or revocations:

List your employment/business history for the past 7-year period:

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

From: _____ to _____ Business name: _____

Address: _____ Position/Title: _____

Do you currently own or have a financial interest in any other business that sells or serves alcoholic beverages?

___ Yes ___ No

If "yes", list each business below:

Have you ever manufactured, sold, or distributed alcoholic beverages on the wholesale or retail level?

___ Yes ___ No

If "yes", indicate where, when, and for whom below:

Do you have any current or prior management experience working for a business that sells or serves alcohol?

___ Yes ___ No

If "yes", describe below:

Have you ever filed a petition of bankruptcy?

___ Yes ___ No

If "yes", describe below:

Credit Check Authorization

This form will authorize Experian to furnish all reports and findings of the following individual to the Fargo Police Department, 105 25th Street North, Fargo, ND 58102.

The Government departments and agencies that conduct background checks and clearances need to know all names you have ever gone by in order to be compliant with law. Please include all names in this portion of the application.

By releasing this credit information to the Fargo Police Department, your credit information may become public information due to the current North Dakota law regarding "open records".

Last Name: _____

Other (if applicable): _____

First Name: _____

Other (if applicable): _____

Middle Name: _____

Home Address: _____

Date of Birth: _____

Social Security Number: _____

You are authorized to release a complete credit check finding to the City of Fargo/Fargo Police Department. This credit check is being conducted for a license application.

Signature

Date

FARGO POLICE DEPARTMENT RECORDS DIVISION
REQUEST FOR CRIMINAL HISTORY INFORMATION

The information requested in Parts 1 and 2 of this form are mandatory in order to conduct the record search.

PART 1

REQUESTOR'S NAME:

City of Fargo Auditor's Office
225 4 Street North
Fargo, ND 58102

PART 2

SUBJECT'S NAME: _____

OTHER NAME(S): _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PART 3

COMPLETE ONE OR MORE OF THE FOLLOWING:

SOCIAL SECURITY NO: _____

DRIVERS LICENSE NO: _____ STATE: _____