

## 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: \_\_\_\_\_