



**CITY OF MOSES LAKE
TAXI DRIVER REQUEST FOR
BACKGROUND INVESTIGATION**

Internal Use Only
Date of Application / /
Receipt Number
Permit #

BUSINESS INFORMATION

Business Name: _____ (DBA) _____		
Business Address: _____ City _____ State _____ Zip _____	Business Phone: () _____ - _____	
Business Owner: _____	Owner Phone: () _____ - _____	
Business Owner Address: _____ City _____ State _____ Zip _____	Vehicle License: _____	State: _____

APPLICANT INFORMATION

Name: _____		Middle: _____		Last: _____		
Additional Names Used: _____ _____		Drivers License #: _____		State: _____		
		Telephone Number: () _____ - _____		Cellular Number: () _____ - _____		
Date of Birth: / /	U.S. Citizen: Yes _____ No _____	Sex: M F	Height: _____	Weight: _____	Eyes: _____	Hair: _____

ADDRESS HISTORY

Current Address: _____	City: _____	State: _____	Zip: _____	From: _____
Address: _____	City: _____	State: _____	Zip: _____	From: _____ To: _____
Address: _____	City: _____	State: _____	Zip: _____	From: _____ To: _____
Address: _____	City: _____	State: _____	Zip: _____	From: _____ To: _____

EMPLOYMENT

Current Employer: _____	Telephone Number: () _____ - _____	From: _____
Address: _____	City: _____	State: _____ Zip: _____
Previous Employer: _____	Telephone Number: () _____ - _____	From: _____ To: _____
Address: _____	City: _____	State: _____ Zip: _____
Previous Employer: _____	Telephone Number: () _____ - _____	From: _____ To: _____
Address: _____	City: _____	State: _____ Zip: _____

CRIMINAL HISTORY DISCLOSURE

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If you answered yes to the question above, please complete the following:

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

BOND INFORMATION

Have you ever forfeited a bond? _____ Yes _____ No

If you answered yes to the question above, please complete the following:

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

I swear under penalty of perjury, all statements in this application are true and correct to the best of my knowledge. I understand an investigative report may be prepared on all information contained herein, and I hereby consent to such an investigation. Incomplete applications will not be investigated.

Applicant Signature: _____ **Date:** _____

Print Name: _____

FEES REQUIRED

\$85.00 Cash, Check, or Credit Card payable to the City of Moses Lake per MLMC 5.36.040

PLEASE BRING THIS COMPLETED APPLICATION AND RECEIPT TO THE MOSES LAKE POLICE DEPARTMENT, LOCATED AT 411 S. BALSAM ST., FOR FINGER PRINTING ON THURSDAYS FROM 2:00 P.M. TO 4:00 P.M. IF AN APPLICANT IS UNAVAILABLE ON THURSDAYS, CALL (509) 764-3887 TO SCHEDULE AN APPOINTMENT.

MOSES LAKE POLICE DEPARTMENT USE ONLY

Investigation Completed By: _____ Date: _____

Approved: _____ Denied: _____

Signature of Authorized Agent: _____

