



# Screening Application

## Pawnbroker Mobile Food Vendor Solicitor

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: \_\_\_\_\_

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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:** \_\_\_\_\_

**BACKGROUND SCREENING FEES SHALL BE ASSESSED IN ACCORDANCE WITH THE ADOPTED FEE SCHEDULE.**

**PLEASE SUBMIT COMPLETED APPLICATION AND PAYMENT TO CITY OF MOSES LAKE  
FINANCE DEPARTMENT - 401 S. BALSAM ST., MOSES LAKE, WA 98837**

**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: \_\_\_\_\_

