



# Screening Application

## Pawnbroker 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 #:

\_\_\_\_\_

Telephone Number:

( ) -

State:

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

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



# Moses Lake Police Department

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## WAIVER OF CONFIDENTIALITY CITY BUSINESS LICENSE FINGERPRINTING

The City of Moses Lake requires that all applicants for taxi cab drivers, solicitors, mobile food vendors, pawn shop and second hand dealers in the city of Moses Lake are finger printed as part of the background check process. These results will be used to determine your eligibility to possess a city license to drive a taxi cab, solicit door to door, work as a mobile food vendor, work as a pawn shop or second hand dealer within the city limits of Moses Lake.

By signing this form, I hereby acknowledge that criminal background information and other criminal history related information received from the Washington State Patrol and Federal Bureau of Investigation criminal background check will be used by the Moses Lake Police Department to determine your eligibility to possess a city license.

I understand my fingerprint background check will be submitted to both the Washington State Patrol and FBI to check criminal history records. \_\_\_\_\_ (initial)

I understand that if I have a criminal history record, I will have 30 days from the issue date of my city ID card to verify or challenge the results of the records obtained. \_\_\_\_\_ (initial)

I understand that my criminal history record check results will only be used for authorized purposes by the Moses Lake Police Department and is not disseminated to other agencies or individuals. \_\_\_\_\_ (initial)

I understand I will immediately be provided a copy of my WSP/FBI criminal history record if I request it. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Moses Lake Police Department 411 S Balsam Ave, Moses Lake, WA 98837 (509)764-3887

**Professionalism, Integrity, Compassion, Service**