

**Notification and Authorization to Release Criminal
Information for Applicant for Game Room Operation Permit Application Purposes**

Notification

The City of Manor Game Room Operation Permit that I am applying for on behalf of _____ [Entity Name] requires me to consent to a criminal background check as a condition of said permit. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize the City of Manor, Texas to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the City of Manor, Texas in collecting this information. _____ has been secured as a third party vendor (consumer reporting agency) to assist the City of Manor, Texas in collecting and verifying information [if applicable].

Applicant Information

Entity Name if not a natural person: _____

If the applicant does business under an assumed name, the trade name by which the applicant does business and a true and correct copy of the registration of the applicant's assumed name filed in the office of the county clerk, bearing the file mark or stamp that evidences its filing in that office.

Each applicant shall sign a waiver authorizing the Chief of Police to request on behalf of the applicant criminal history reports from the Texas Department of Safety, the Texas Comptroller's Office or any appropriate federal agency.

Applicant Contact information

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

If Applicant is an Individual

If the entity owning or operating the amusement redemption machines is a natural person, provide the name, address, telephone number and driver's license number of the individual:

Full Legal Name: _____
Driver's License Number: _____
Present Address: _____
Telephone number: _____

Date of Birth: _____ Gender: Female _____ Male _____
Month/Day/Year

Social Security Number: _____

Driver's License # _____ State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) No _____

If Applicant is a Partnership

If the entity owning or operating the amusement redemption machines is a partnership, provide the name, address, telephone number and driver's license number of each of the general and limited partners below. Continue on a separate sheet if needed:

Name	Address	Telephone Number	Driver's license number

Additionally, for each person listed above, provide the following information (include additional sheets if necessary)

Date of Birth: _____ Gender: Female _____ Male _____
Month/Day/Year

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Has any person listed above ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide name of individual and pertinent detail on next page) No _____

If Applicant is a Corporation

If the entity owning or operating the amusement redemption machines is a corporation, provide the name, address, telephone number, and driver's license number of all corporate officers, if any, of the business. Continue on a separate sheet if needed.

Name	Address	Telephone Number	Driver's license number

Owners

Provide the name, address, telephone number and driver's license number of all persons who owns an interest in the game room below. Continue on a separate sheet if needed

Name	Address	Telephone Number	Driver's license number

Additionally, for each person listed above, provide the following information (include additional sheets if necessary)

Date of Birth: _____
Month/Day/Year

Gender: Female _____ Male _____

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Has any person listed above ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide name of individual and pertinent details on next page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with FHSU. By signing below I hereby provide my authorization to FHSU to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by FHSU based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from FHSU's receipt of such appeal.

Signature

Date

[Include additional signature lines for each person listed in this application, as necessary.]