

# Sparks Police Department

## Liquor License Background Check

The Sparks Police Department will not conduct a background check for a Liquor License without prior authorization in writing from Revenue. Once you have completed the application process with Revenue, please bring the following items to the Sparks Police Department Identification Section.

- \$140.25 in cash, money order or cashier's check (Personal checks cannot be accepted). This amount includes Sparks Police Department fees and State/FBI fingerprinting fees.
- A copy of City of Sparks Licensing and Collections Division Form, indicating you have applied for a Liquor License.
- Sparks Police Department Criminal Fingerprint Investigation Form
- Sparks Police Department Authorization to Release Criminal History Record Information Form.
- Sparks Police Department Child Support Information Form
- Nevada Department of Public Safety Civil Applicant Waiver
- Valid Photo Identification

**Sparks Police Department Identification Section hours of operation are: Tuesday thru Friday 9 a.m. to 3:30 p.m. Please plan to arrive by 3 p.m. to ensure you can be processed. Please call (775) 353-2243 if you have any questions.**

# SPARKS PD



## SPARKS POLICE DEPARTMENT CRIMINAL FINGERPRINT INVESTIGATION

Agent  Owner  Sole Proprietor Name \_\_\_\_\_

Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ U.S. Citizen  Yes  No

Social Security Number \_\_\_\_\_ Alien Reg. No. \_\_\_\_\_

Scars, Marks, Tattoos: \_\_\_\_\_

Driver's License or other U.S. Government-Issued ID # \_\_\_\_\_

Residence Address \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Have you ever been arrested?  Yes  No (List all arrests, including all citations except traffic offenses)

Date	Charge	Arresting Agency	City and State	Disposition

(If more space is needed, use additional sheet)

\_\_\_\_\_  
(Applicant's Signature)

\*\*\*\*\*  
FOR SPD USE ONLY

Amount Received \$ \_\_\_\_\_  Cash

Money Order # \_\_\_\_\_  Cashier's Check # \_\_\_\_\_

Issuing Clerk: \_\_\_\_\_

ID # \_\_\_\_\_ UREG # \_\_\_\_\_  NCIC/NCJIS/SQCH Clear  See attached paperwork

**SPARKS POLICE DEPARTMENT**

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD INFORMATION**

To: Sparks Police Department and Criminal Justice Agencies

I hereby give my written consent for any criminal justice agency to disseminate my record of criminal history to the Sparks Police Department for the purpose of work permit review.

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject, notation of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges including dismissals, acquittals, convictions, correctional supervision and release.

I hereby give my written consent for the Sparks Police Department to disseminate my record of criminal history to the following prospective employer

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(Name of Prospective Employer)

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies, including the Sparks Police Department, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of the disseminating and inspection of my records of criminal history.

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Date

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Signature of Applicant

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Print Name

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Date of Birth

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Social Security Number

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Photo Identification Type and Number

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Sparks Police Department Employee Signature

**SPARKS POLICE DEPARTMENT**  
**CHILD SUPPORT INFORMATION**

Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Number & Street) (City, State & Zip Code)

Mark **ONE** of the three appropriate statements. Your work permit will not be processed if you do not answer one of the following:

1.  I am not subject to a court order for child support.
2.  I am in compliance with a court order or repayment plan for child support.  
(“In compliance” means you have paid the entire amount ordered every month.)
3.  I am not in compliance with a court order or repayment plan for child support.

The court order or repayment plan must be approved by the district attorney or other public agency enforcing the order.



## CIVIL APPLICANT WAIVER

### NOTICE OF NON-CRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a non-criminal justice purpose, you have certain rights which are discussed below.

1. You must be notified by the Sparks Police Department that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau, upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations, Section 16.34 provides for the proper procedure to do so:  
**16.34 - Procedure to obtain change, correction or updating of identification records.**  
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data, requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize the Sparks Police Department to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau, for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above-referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation, when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process shall, for all purposes, be as valid as the original.

In consideration for processing my application, I, the undersigned whose name and signature voluntarily appear below, do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: SPARKS POLICE DEPARTMENT

Address: 1701 E. PRATER WAY, SPARKS, NV 89434

Agency Representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_