

# Sparks Police Department

## Gaming License Background Check

The Sparks Police Department will not conduct a background check for a Gaming 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.

- \$136.25 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 Gaming License.
- City of Sparks, Nevada Application for Gaming License Form
- City of Sparks, Nevada Personal History Records 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
- Signed lease agreement
- Financial Statement
- Corporate documents and list of officers, if applicable

### PLEASE NOTE:

1. Only one individual person is eligible to hold a gaming license. That individual will be held personally and totally responsible for the orderly conduct of such licensed businesses. Pursuant to NRS 5.28.220, the licensee is subject to a background investigation which includes being fingerprinted.
2. Partnerships and corporations must appoint one person to represent partnerships and corporations to apply for a license and conduct the business. However, the application must contain two notarized signatures of the partners or corporate officers.
3. All gaming license applicants must have approval from the State of Nevada Gaming commission prior to obtaining a City of Sparks Gaming License.
4. The City of Sparks, Nevada Application for Gaming License Form and the City of Sparks, Nevada Personal History Records Form requires your signatures to be notarized. There is a notary available at Sparks Police Department. These forms must be signed in the presences of the notary.
5. City Council agenda items **MUST BE** submitted no later than Tuesday at noon, THIRTEEN DAYS PRIOR TO THE MONDAY COUNCIL MEETING in order to comply with Public Notification laws. Meetings are held on the second and fourth Monday of each month. Therefore, any of the foregoing **MUST BE SUBMITTED ON TIME** or the applicant must wait for the next council meeting. **THERE WILL BE NO EXCEPTIONS.**

**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.**

PRINT OR TYPE  
CITY OF SPARKS, NEVADA

THIS APPLICATION FOR GAMING LICENSE

DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ I.D.#: \_\_\_\_\_  
FIRST MIDDLE LAST

RESIDENCE ADDRESS: \_\_\_\_\_ RESIDENCE PHONE: \_\_\_\_\_  
STREET CITY, STATE, ZIP

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

(FORMER NAME OF BUSINESS): \_\_\_\_\_

SPECIFIC LICENSE DESIRED: \_\_\_\_\_ DATE DESIRED: \_\_\_\_\_

GAMING: LIST NUMBER OF GAMING DEVICES, TYPE OF DEVICES AND DENOMINATIONS:  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU APPLIED WITH THE STATE GAMING COMMISSION FOR A LICENSE?  YES  NO

IF SO, WHEN: \_\_\_\_\_ WERE YOU APPROVED?  YES  NO LIST STATE GAMING LICENSE NUMBER \_\_\_\_\_  
DATE

For office use only State Gaming License: Date Hearing Scheduled: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date Gaming license approved by Gaming Control: \_\_\_\_\_ Verified

ARE YOU:  SOLE OWNER  PARTNERSHIP  CORPORATION

LIST NAME OF CORPORATION \_\_\_\_\_  
IF CORPORATION, LIST PERCENTAGE OF TOTAL STOCK TO BE OWNED OR CONTROLLED BY APPLICANT: \_\_\_\_\_

LIST BELOW ALL MEMBERS OF THE CORPORATION OR PARTNERSHIP, TOGETHER WITH THE PERCENTAGE OWNED BY EACH AND THE AMOUNT INVESTED BY EACH:

<u>NAME</u>	<u>% OF OWNERSHIP</u>	<u>AMOUNT INVESTED</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IN WHICH STATE ARE THE BYLAWS OR ARTICLES OF INCORPORATION FILED? \_\_\_\_\_

LIST ALL ASSETS TO BE INVESTED IN THE BUSINESS:

<u>ASSETS</u>	<u>HOW ASSETS ARE TO BE USED</u>	<u>AMT. OF VALUATION</u>
_____	_____	_____
_____	_____	_____

STATE NAME AND ADDRESS OF ANY PERSON, FIRM, OR CORPORATION WHICH HAS UNDERTAKEN TO ADVANCE MONIES TO YOU TO ASSIST IN THE FINANCING OF THIS BUSINESS; RELATIONSHIP, IF ANY, TO YOU.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION TO APPLICANT</u>
_____	_____	_____
_____	_____	_____

EXPLAIN METHOD OF REPAYMENT, INTEREST RATES, FOR ANY LOAN LISTED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN REFUSED OR HAD REVOKED A GAMING LICENSE IN NEVADA?

YES  NO IN ANY OTHER STATE?  YES  NO

IF YES, STATE WHERE, WHEN AND THE REASON: \_\_\_\_\_

PORTION OF THE BUILDING TO BE USED (PLACE OF BUSINESS): \_\_\_\_\_

NAME/NAMES OF OWNERS OF BUILDING (REAL PROPERTY) OR AUTHORIZED REPRESENTATIVE:

ADDRESS: \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR PARTNERSHIP OR OFFICIAL OF THE CORPORATION BEEN CONVICTED IN THE PAST FIVE YEARS OF ANY OFFENSE LISTED IN TITLE 5, SECTION 5.24.070 AND SECTION 5.28.170 OF THE SPARKS MUNICIPAL CODE:  YES  NO

IF APPLICANT IS AN AGENT OF A COMPANY, THE FOLLOWING MUST BE PROPERLY EXECUTED BY TWO OFFICIALS FOR THE COMPANY AND THEIR SIGNATURES MUST BE PROPERLY NOTARIZED.

COMPANY NAME: \_\_\_\_\_

THE APPLICANT, AGENT, NAMED IN THIS APPLICATION IS HEREBY AUTHORIZED TO MAKE THE FOREGOING APPLICATION AND TO CONDUCT THE BUSINESS SOUGHT TO BE LICENSED BY THIS APPLICATION. THE APPLICANT IS HEREBY AUTHORIZED TO DO ALL ACTS INCIDENTAL TO THE OPERATION OF SAID BUSINESS AND ALL ACTS DONE BY HIM/HER IN THE CONDUCT OR OPERATION OF SAID BUSINESS ARE HEREBY RATIFIED AND CONFIRMED. THE SAID APPLICANT, AGENT, IS HEREBY DESIGNATED AS A PERSON UPON WHOM MAY BE SERVED ALL NECESSARY PROCESS OR PROCESSES IN ANY ACTION THAT MAY BE COMMENCED AGAINST THE UNDERSIGNED BY REASON OF THE OPERATION OF THE LICENSED BUSINESS IN ANY OF THE COURTS OF THE STATE OF NEVADA.

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

\_\_\_\_\_  
PLEASE PRINT NAME TITLE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

\_\_\_\_\_  
PLEASE PRINT NAME TITLE

SUBSCRIBED AND SWORN TO BEFORE  
ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

IN THE STATE OF NEVADA,  
IN THE COUNTY OF WASHOE.

I, \_\_\_\_\_, BEING FIRST DULY SWORN DEPOSE AND SAY THAT IF GRANTED A LICENSE I WILL CONDUCT, MAINTAIN, AND CARRY ON THE LICENSED BUSINESS IN AN ORDERLY MANNER IN ACCORDANCE WITH THE PROVISIONS OF THE LAWS OF THE STATE OF NEVADA, AND THE ORDINANCES OF THE CITY OF SPARKS, APPLICABLE TO THE CONDUCT OF SUCH BUSINESS AND IN ACCORDANCE WITH THE PROVISIONS OF THE CITY OF SPARKS MUNICIPAL CODE, AND I FURTHER STATE THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I ALSO AUTHORIZE ANY BANK OR LENDING INSTITUTION TO RELEASE TO THE CITY OF SPARKS POLICE DEPARTMENT WHATEVER INFORMATION IS NECESSARY FOR THEM TO PROPERLY PROCESS THIS APPLICATION. I WILL ADVISE THE SPARKS BUSINESS LICENSE DIVISION OF ANY CHANGE OF FINANCING, ADDITIONAL LOAN OR CAPITAL INVESTMENT THAT MAY OCCUR DURING THE TENURE OF THIS LICENSE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

APPLICANT'S RT.  
INDEX PRINT:

FP BY \_\_\_\_\_  
DATE: \_\_\_\_\_  
RET. REC. \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

IN THE STATE OF NEVADA,  
IN THE COUNTY OF WASHOE.

\_\_\_\_\_  
NOTARY PUBLIC

PLEASE PRINT OR TYPE

CITY OF SPARKS, NEVADA  
PERSONAL HISTORY RECORDS

ID NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME IN FULL: \_\_\_\_\_  
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

LIST ALL OTHER NAMES YOU HAVE BEEN KNOWN BY: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET CITY STATE

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAME OF PRESENT BUSINESS OR EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE

TYPE OF BUSINESS: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOW LONG ENGAGED IN THIS BUSINESS? \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO ALIEN REGISTRATION NUMBER: \_\_\_\_\_

IF NATURALIZED CITIZEN, DATE AND PLACE OF NATURALIZATION AND CERTIFICATE OF CITIZENSHIP NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  YES  NO IF YES, GIVE DETAILS BELOW:

DATE OF ARREST	CHARGE	ARRESTING AGENCY	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE:  YES  NO DATES OF SERV. \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

LIST CITIES IN WHICH YOU HAVE LIVED DURING THE PAST 10 YEARS:

CITY	ADDRESS	FROM:	TO:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST PLACES OF EMPLOYMENT OR BUSINESS FOR PAST 10 YEARS. (IF YOU HAVE WORKED OR BEEN IN BUSINESS IN ONE PLACE FOR 10 YEARS, LIST TWO PREVIOUS PLACES OF EMPLOYMENT OR BUSINESS):

NAME/TYPE OF BUSINESS:	ADDRESS	POSITION	FROM:	TO:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST 5 CHARACTER REFERENCES (DO NOT INCLUDE PRESENT EMPLOYER OR RELATIVES)

NAME	ADDRESS (STREET, CITY, STATE, ZIP)

ARE YOU A CURRENT REGISTERED VOTER IN THE STATE OF NEVADA?  YES  NO

IF YES, COUNTY YOU ARE REGISTERED IN: \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY?  YES  NO IF YES, WHERE: \_\_\_\_\_ DATE: \_\_\_\_\_

HAVE YOU EVER HELD OR DO YOU PRESENTLY HOLD A NEVADA STATE GAMING LICENSE:  YES  NO IF YES, LIST NUMBER: \_\_\_\_\_

HAVE YOU EVER HELD OR DO YOU PRESENTLY HOLD A CITY OF SPARKS LIQUOR AND/OR GAMING LICENSE?  YES  NO

IF YES, STATE TYPE OF LICENSE: \_\_\_\_\_

DO YOU HAVE ANY BUSINESS INTEREST DIRECTLY OR INDIRECTLY IN LIQUOR OR GAMING OF ANY NATURE OUTSIDE THE STATE OF NEVADA?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

LIST ALL BANKS WITH WHOM YOU HAVE DONE BUSINESS:

BANK	ADDRESS/BRANCH	TYPE OF ACCOUNT

HAVE YOU EVER BEEN EMPLOYED WHERE LIQUOR OR GAMING WAS PRESENT?  YES  NO IF YES, LIST PLACES OF EMPLOYMENT:

BUSINESS NAME	ADDRESS	EMPLOYER/SUPERVISOR

DO YOU HAVE ANY RELATIVES CONNECTED WITH THE LIQUOR OR GAMING INDUSTRY?  YES  NO IF YES, STATE WHO, RELATIONSHIP, WHERE AND POSITION: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS PERSONAL HISTORY RECORD ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

IN THE STATE OF NEVADA  
IN THE COUNTY OF WASHOE.

\_\_\_\_\_  
NOTARY PUBLIC

**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

---

Signature of Applicant

---

Print Name

---

Date of Birth

---

Social Security Number

---

Photo Identification Type and Number

---

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: \_\_\_\_\_