



Douglas County

SHERIFF

"A Tradition of Service"

TRAVELING MERCHANT / MOBILE STREET VENDOR
EMPLOYEES APPLICATION

Ron Pierini
SHERIFF

Date: _____
Exp. Date: _____

NAME: _____

ALIASES: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE : _____ BUSINESS PHONE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

HGT: _____ WGT: _____ HAIR: _____ EYES: _____

HAVE YOU EVER BEEN ARRESTED? _____

IF YES, PLEASE COMPLETE THE FOLLOWING:

<u>DATE</u>	<u>CHARGE</u>	<u>LOCATION</u>	<u>DISPOSITION</u>

LIST ALL RESIDENCES FOR THE PAST 10 YEARS:

<u>STREET ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>DATES OF RESIDENCE</u>