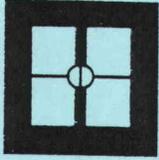


CITY OF HILLSBORO



CITY OF HILLSBORO POLICE DEPARTMENT

The following information is necessary for the processing of your business license:

BUSINESS NAME _____

BUSINESS ADDRESS _____

TYPE OF BUSINESS _____

OWNER'S FULL NAME _____

OWNER'S DATE OF BIRTH _____

OWNER'S SOCIAL SECURITY # _____

OWNER'S DRIVER'S LICENSE # _____ STATE _____

BY SIGNING BELOW I AUTHORIZE THE CITY OF HILLSBORO POLICE DEPARTMENT TO RUN A CRIMINAL BACKGROUND CHECK FOR THE PURPOSE OF BUSINESS LICENSING.

_____ (BUSINESS OWNER'S SIGNATURE) _____ (DATE)

FOR POLICE DEPARTMENT USE ONLY:	
RECORDS: _____ CCH _____ DMV _____ LEDS _____ PPDS _____ RMS	
POLICE DEPARTMENT APPROVAL _____	DATE _____
POLICE DEPARTMENT DENIAL _____	DATE _____

PLEASE RETURN THIS FORM TO THE CITY RECORDERS OFFICE AS SOON AS POSSIBLE.

W:FINANCE/B-LICENS/PDFORM