



City of Hillsboro Police Department

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

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS TYPE _____

OWNER'S FULL NAME _____

OWNER'S DATE OF BIRTH _____

OWNER'S SOCIAL SECURITY # _____

OWNER'S DRIVERS 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 ONLY:

RECORDS: ____ CCH ____ DMV ____ LEDS ____ PPDS ____ RMS

POLICE DEPARTMENT APPROVAL _____ DATE _____

POLICE DEPARTMENT DENIAL _____ DATE _____

PLEASE RETURN THIS FORM TO THE FINANCE DEPARTMENT AS SOON AS POSSIBLE.