



Development & Neighborhood Services Department  
100 S. Myrtle Avenue, Suite 210  
Clearwater, FL 33756  
Telephone: (727) 562-4567 Fax: (727) 562-4576  
www.myclearwater.com

**BACKGROUND INFORMATION REPORT**  
**[\$50.00 FEE]**

**(THIS FIRST PART TO BE COMPLETED BY CITY STAFF)**

OCCUPATIONAL LICENSES/ZONING DIVISION – REFERRAL TO POLICE DEPARTMENT

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

\_\_\_\_\_ has made application at the City  
Occupational Licenses/Zoning Division for:

Type of License: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Location of Business: \_\_\_\_\_  
OCL Number: \_\_\_\_\_

The above named person is required to fill out forms for a police department background investigation, and will be fingerprinted and photographed, prior to the issuance of the license.

\_\_\_\_\_  
Occupational Licenses Division Official Signature

**NOTICE TO APPLICANT**

The City of Clearwater, by law, has the authority to regulate certain occupational licenses. Pursuant to that authority, the City conducts background investigations of the owners and managers of these businesses. The Background Information Report provides basic information about the applicant that is necessary for the investigation. All questions must be answered in their entirety. **EVERY ANSWER YOU GIVE WILL BE CHECKED FOR ITS TRUTHFULNESS. A DELIBERATE FALSEHOOD WILL JEOPARDIZE THE APPLICATION, AS SUCH FALSEHOOD WITHIN ITSELF CONSTITUTES EVIDENCE REGARDING YOUR REPUTATION AND CHARACTER AS THE APPLICANT.**

**THE MOST IMPORTANT CONSIDERATION IN THE ANSWERS MADE BY YOU IN THE BACKGROUND INFORMATION REPORT IS HONESTY.**

I have read and I do understand the above statements.

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

\_\_\_\_\_  
Date

**BELOW TO BE TYPED OR PRINTED BY APPLICANT  
(DO NOT USE PENCIL, INK ONLY)**

1. NAME \_\_\_\_\_ 2. HOME TELEPHONE \_\_\_\_\_  
3. ALIASES \_\_\_\_\_ 4. DATE OF BIRTH \_\_\_\_\_  
5. PLACE OF BIRTH \_\_\_\_\_ 6. SEX \_\_\_\_\_ 7. RACE \_\_\_\_\_  
8. HEIGHT \_\_\_\_\_ 9. WEIGHT \_\_\_\_\_ 10. HAIR COLOR \_\_\_\_\_  
11. EYE COLOR \_\_\_\_\_ 12. SOCIAL SECURITY NUMBER (Optional) \_\_\_\_\_  
13. DRIVER'S LICENSE NUMBER \_\_\_\_\_  
14. STATE OF ISSUE FOR DRIVER'S LICENSE \_\_\_\_\_  
15. ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES ( ) YES ( ) NO  
IF YES, NATURALIZATION NUMBER \_\_\_\_\_  
16. ADDRESS \_\_\_\_\_  
17. PREVIOUS ADDRESS (IF PRESENT ADDRESS IS FOR LESS THAN 5 YEARS)  
\_\_\_\_\_  
18. CURRENT OCCUPATION \_\_\_\_\_ 19. EMPLOYER \_\_\_\_\_  
20. BUSINESS ADDRESS \_\_\_\_\_  
21. BUSINESS TELEPHONE \_\_\_\_\_  
22. STARTING WITH CURRENT EMPLOYMENT, LIST ALL EMPLOYMENT FOR PAST  
3 YEARS:
- | <b>BUSINESS NAME</b> | <b>ADDRESS</b> | <b>POSITION</b> | <b>FROM - TO</b> |
|----------------------|----------------|-----------------|------------------|
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
| _____                | _____          | _____           | _____            |
23. MAIDEN NAME OF APPLICANT (IF APPLICABLE) \_\_\_\_\_  
24. LIST ALL PREVIOUS STATES RESIDED WITHIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. LIST THREE (3) PROFESSIONAL REFERENCES

**NAME                                      ADDRESS                                      TELEPHONE                                      TIME KNOWN**

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

26. LIST ALL ARRESTS, INCLUDING TRAFFIC, THAT RESULTED IN THE COURTS' IMPOSING A FINE, PROBATION, INCARCERATION, OR OTHER ADVERSE SENTENCE OF A PUNITIVE NATURE, WHETHER OR NOT THE APPLICANT WAS FORMALLY ADJUDICATED GUILTY IN FLORIDA OR ANY OTHER U.S. STATE (USE ADDITIONAL PAPER IF NECESSARY)

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

LIST WHEN, WHERE, AND THE FINAL DISPOSITION \_\_\_\_\_

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

27. IF THE APPLICANT IS A CORPORATION, ANSWER THE FOLLOWING:

**NAME                                      HOME ADDRESS                                      CITY                                      DATE OF BIRTH**

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

I HEREBY CERTIFY THAT THE FACTS CONTAINED WITHIN THE AFOREMENTIONED BACKGROUND INFORMATION REPORT ARE TRUE AND CORRECT AND I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION MAY RESULT IN A REJECTION OF THIS APPLICATION OR A REVOCATION OF SAID LICENSE.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

BY: \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

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

**PERSONAL DATA REPORT**  
**(THE FOLLOWING TO BE COMPLETED BY THE APPLICANT)**  
**NO INFORMATION MAY BE LEFT BLANK – USE N/A IF NOT APPLICABLE!**

DATE				OCA#			
NAME (L,F,M)				MAIDEN NAME			
AKA (Professional Names, Alias, etc.) (L,F, M and Maiden)							
STREET ADDRESS			CITY		STATE	ZIP	HOW LONG
PREVIOUS ADDRESS			CITY		STATE	ZIP	HOW LONG
PREVIOUS ADDRESS			CITY		STATE	ZIP	HOW LONG
DATE OF BIRTH	RACE	SEX	HGT		WGT	EYE	HAIR
DRIVERS LICENSE NUMBER			STATE		SOCIAL SECURITY (OPT)		
HOME PHONE				WORK PHONE			
SCARS, MARKS, TATTOOS							
PLACE OF BIRTH (CITY)			STATE		COUNTRY	COUNTY	
SPOUSE/SIGNIFICANT OTHER NAME			ADDRESS				
PARENTS) NAME			ADDRESS				
<b><u>FAILURE TO REPORT PREVIOUS ARRESTS AND TRAFFIC VIOLATIONS IS JUSTIFICATION FOR REJECTION OF THE APPLICANT</u></b>							
List (a) <b>all</b> traffic violations; and (b) <b>all</b> arrests resulting in the courts' entering against the applicant of a fine, probation, incarceration, or other adverse sentence of a punitive nature, whether or not the applicant has been formally adjudicated guilty in Florida or any other U.S. state.							
DATE		LOCATION		CHARGE		DISPOSTION	

I certify that the above information is true and correct.

Signature: \_\_\_\_\_

**SOLICITATOR/HANDBILL APPLICATION PART II**

OCCUPATION APPLYING FOR:				
EMPLOYER OF FIRM NAME:				
STREET ADDRESS		CITY	STATE	ZIP
LENGTH OF SERVICE	<b>YEARS</b>	<i>MONTHS</i>		
<b>NATURE OF PRODUCT OR SERVICE (ATTACH A SAMPLE OR DESCRIPTION)</b>				
<i>MANNER OF DISTRIBUTION:</i>				

**Note: Charitable Solicitations are regulated by Pinellas County Code of Ordinances (Sec. 42-291)**