Department of Business License

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DIRECTOR

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http://www.clarkcountynv.gov/business_license

Regulated License Application

Personal History Form

Approved for use by Clark County
Department of Business License

Application Instructions:

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION
NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. All hand written answers must be in **BLACK** ink and in block lettering. Illegible applications WILL NOT be accepted.
2. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
3. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate "Does Not Apply." If there is nothing to disclose, indicate "None." Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
5. Signatures and initials must be made in **BLACK** ink.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
7. Additional information may be required by the Clark County Department of Business License or the Metro Police Investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
8. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
9. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

BE SURE TO:

A. Attach 2 recent (within the past 6 months) **passport size color photographs** of yourself.
B. **Sign and notarize** all applicable forms and pages.
C. **Initial** each page.
D. Include all required **attachments**.
E. Retain a **copy** of the application for your records
F. Read, initial and sign **TWO (2) copies of the Authorization to Release Information**.
G. Provide **2 copies** of your driver's license or state issued identification card.
H. Provide a **certified copy** of your Birth Certificate or **copy** of Certification of Birth Abroad.

Personal History Form

Date form completed

License Type

Name: Last *(includes Sr., Jr., Etc., if applicable)* **First** **Middle**

Mailing Address *(number and street)* **Apt. #** **City/Town** **State/Province** **Zip/Postal Code**

Home Address *(if different from mailing address)* **Apt. #** **City/Town** **State/Province** **Zip/Postal Code**

Present Business Address *(number and street)* **Suite#** **City/Town** **State/Province** **Zip/Postal Code**

Home Telephone Number **Present Business Telephone Number** **Cell/Mobile Telephone Number**

Date of Birth **Social Security Number** **Email Contact**

Sex **Eye Color** **Hair Color** **Height** **Weight**

1. Have you ever been known by any other name or names? ◯ **Yes** ◯ **No** *If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise)*

2. Place of Birth

3. Are you a US Citizen? ◯ **Yes** ◯ **No**

If registered alien, list number **If naturalized, list certificate number**

ATTACH A COPY OF ALIEN REGISTRATION/ NATURALIZATION

Date of Naturalization **Port of Entry** **Date of Entry**

Of what country are you a citizen?

4. Have you ever been issued a passport? ◯ **Yes** ◯ **No** *If yes, please complete the table below:*

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

5. What is your current marital status?

☐ **Married/Civil Union** ☐ **Single** ☐ **Divorced** ☐ **Engaged** ☐ **Legally Separated** ☐ **Widow/Widower**

5a. Provide the following information regarding your current marriage and spouse:

Name of Spouse		Current Address	Telephone Number	Spouse's Occupation
Social Security Number	**Date of Birth**	**Place of Birth**	**Date of Marriage**	**Where Married**

6. Do you have any previous marriages? ◯ **Yes** ◯ **No** **6a. How many times have you been married?** ☐

Name of Former Spouse	Present Address and Phone	Date of Birth
Date and Place of Marriage	Date and Location of Annulment, Separation, or Divorce	Docket/Case # of Divorce Action

Name of Former Spouse	Present Address and Phone	Date of Birth
Date and Place of Marriage	Date and Location of Annulment, Separation, or Divorce	Docket/Case # of Divorce Action

7. Do you have any children? ◯ **Yes** ◯ **No** **7a. How many children do you have?** ☐

Name	Date of Birth	Birthplace	Current Address	Supported By

8. List names, residence address, dates of birth and most recent occupations of parents, parents-in-law or legal guardian. If deceased, please note.

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

9. Do you have any brothers, sisters, and do they have respective spouses? ◯ **Yes** ◯ **No**

Name (include Maiden)	Relation	Date of Birth	Current Address	Phone Number	Occupation
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				

10. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived for the past 10 years (including residences while attending college or while in military service). You do NOT need to list any addresses prior to age 18.

Date – From/To	Address	City/Town	County	State/ Province	Country	Zip/Postal Code

11. Beginning with secondary school (high school), provide the information below with respect to each school, college, graduate, or post-graduate school you have attended.

Dates – From/To	Name and Address of School, Training Program, etc.	Description of Education Program	List any Degree or Certification Attained	Graduated
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

12. Beginning with your present job and working backward, provide the following information in regards to each place you have worked for the *past 10 years*. You do NOT need to list any information prior to age 18. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence. *You may also attach a copy of your "Work History" form that is available from the Social Security Administration detailing your employment history. If you choose this option, you must also provide the additional required information referenced in Questions 12a and 12b either on this form or as an attachment.*

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

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With regard to the previously listed employment:

12a. Were you ever discharged, suspended, or asked to resign from employment? ◯ **Yes** ◯ **No**

12b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? ◯ **Yes** ◯ **No**

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

13. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family *(i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship).* **No person can be a reference who is a current employer, employee or business associate.**

Reference One: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

Reference Two: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

Reference Two: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

14. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? *If you answer yes to this question, see instructions below…* ◯ **Yes** ◯ **No**

Country of Service	Branch of Service	Service Serial #	Highest Rank Held

Period(s) of Active Service: From/To	Date of Each Discharge/Separation	Type of Discharge(s)

Attach a copy of your DD214 if you answer yes to this question. If that is unavailable, attach a copy of the appropriate branch of the military requesting a copy of your DD214. If in reserves, attach a copy of your discharge papers. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

14a. Have you been tried by military court-martial or have you had any charges filed against you while in the military? This means any charges filed against you under article 15 of the Uniform Code of Military Justice *(Summary Court, Deck Court, Captain's Mast, Company Punishment, etc.)* ◯ **Yes** ◯ **No**

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization that filed charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

The next question asks about arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

For purposes of the question:
"ARRESTS" include any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
"CHARGE" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
"OFFENSE" is all crimes to include: felonies, gross misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probations or any other court order.
"CITATION" is an official summons to appear.

Instructions: Answer "yes" and provide all information to the best of your ability **even if:**

You did not commit the offense charged.
The charges were dismissed or subsequently downgraded to a lesser charge.
You completed a pretrial intervention or equivalent diversionary program in other jurisdictions.
You were not convicted.
You did not serve any time in prison or jail.
The charges or offenses happened a long time ago.

15. Have you ever been arrested or issued a citation, excluding traffic related offenses such as speeding, in any jurisdiction? ◯ **Yes** ◯ **No**

Nature of Charge or Offense/Location where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence

16. Have you ever been called to testify, or otherwise participated in a hearing or proceeding, before any Licensing Agency, Grand Jury, Federal Board, or Commission for any reason whatsoever? ◯ **Yes** ◯ **No**

Name of Licensing Agency/or Commission	Date(s) of Appearance(s)	Nature of Hearing	Was Testimony Given?

17. List all current motor vehicle drivers' licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc) issued to you in any jurisdiction below:

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

18. Have you ever made application for, or held, any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license? Do NOT include Alcoholic Beverage or Driver's License. ◯ **Yes** ◯ **No**

You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending.

Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application
Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application

19. Have you made application for or held a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc., or alcoholic beverage operation in any jurisdiction? ◯ **Yes** ◯ **No**

You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the agency for any reason, withdrawn, or is currently pending.

Name & Address of Licensing Agency/ Organization (including Country, State/ Province, County or Municipality or Town	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending, etc.)	License, Permit, Approval or Registration Number

20. Have any of the licenses, permits, or certifications applied for or held by you as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions in any jurisdictions? ◯ **Yes** ◯ **No**

Type of License, Permit, or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

21. Have you ever held a financial interest in a gambling venture, including race track, race horse, or race dog, lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada? ◯ **Yes** ◯ **No**

Provide details below

22. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation? ◯ **Yes** ◯ **No**

Governmental Agency/Organization	Nature of Charge	Date	Disposition

23. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? *Check "Yes" even if the disbarment or exclusion is no longer in effect or has been lifted.* ◯ **Yes** ◯ **No**

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

24. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc. ◯ **Yes** ◯ **No**

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit

Nature of Suit	Disposition	Date of Disposition

25. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? ◯ **Yes** ◯ **No**

Nature of Debt	When Filed	Where Filed	Current Status

26. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? (If yes, attach copy of Discharge) ◯ **Yes** ◯ **No**

Date Filed	Docket/Case No.	Name and Address of Court	Name & Address of Filing Party	Name & Address of Trustee

27. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? (If yes, attach copy of Participation Agreement) ◯ **Yes** ◯ **No**

Name	Address.	Telephone No.	Contact Person	Date of Agreement

28. Are you currently indebted to a gaming establishment? ◯ Yes ◯ No

Provide details below

29. Do you intend to actively participate in the operation of the business for which this license is desired? ◯ Yes ◯ No

State position/reason below

30. Is entertainment to be used in this establishment? ◯ Yes ◯ No

Provide details below

31. Did another individual complete this application on your behalf? ◯ Yes ◯ No

Name	Date of Birth	Social Security Number	Address	Telephone No.,

31a. Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

DOCUMENT ATTACHMENT - REVIEW SECTION

Please review your answers to all questions carefully and attach items as requested/needed. Additional items may be requested by staff on a case-by-case basis.

STATEMENT OF TRUTH AND ACKNOWLEDGMENTS

I,_____, being duly sworn, say that I have read the foregoing Regulated License Application Personal History Form and know the contents thereof, and that the same are true; that the same contains a full and true account of the information requested; and that I executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the full knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue and/or revocation of the (remove comma) license applied for and should the license applied for be granted, I will abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

Further, I attest that:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in denial of suitability for licensing.
6. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.
7. I agree to provide and disclose any information that reasonably relates to this application, the applicants qualifications, acceptability or fitness for an approval for suitability or for the requested license.
8. I agree to be fingerprinted and photographed.

I do hereby agree that Clark County Department of Business License may obtain information from my past and present employers, criminal justice agencies, financial institutions, Federal, State and local government agencies and other persons and entities and agree to release such information to Clark County Department of Business License for use in connection with this application.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge Clark County Department of Business License, its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against Clark County Department of Business License or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.

I do hereby certify that I have read and understand the_____ ordinance, and will abide by it in its entirety or any amendments thereto, and furthermore certify that, if this application is approved and a license issued, it will be accepted by me, subject to the terms and provisions of the applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing authority; and I acknowledge the power of authority of the licensing authorities or other authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance, examination of its books of account, or to determine the true parties of interest, including any person(s) having an ownership interest in the licensed premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

State of _____

County of _____

_____
Signature of Applicant

Signed and Sworn to or Affirmed to
before me this_____ day

of_____,20_____by _____
Signature of Notarial Officer

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE
AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from the Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by the Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.

6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

   (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:
   (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
   (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.

10._____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.

11._____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

12._____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

13._____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I have executed this request at **Las Vegas, Nevada,** on the_____ day of

_____, _____

_____ _____

Print Name Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this_____day

of_____,20____by _____

Signature of Notarial Officer

_____

Signature of the Las Vegas Metropolitan Police
Department Officer presenting this Request

Date:_____

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE
AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME:_____

FROM: Clark County Department of Business License

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

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6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

   (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:
   (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
   (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.

10._____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.

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12._____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

13._____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I have executed this request at **Las Vegas, Nevada,** on the_____ day of

_____, _____

_____ Print Name

_____ Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this_____day

of_____,20____**by** _____
Signature of Notarial Officer

_____
Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request

Date:_____