

**Identification  
Second Hand Store License**

**Ordinance # 1229**

Owners, managers, operators, or any employee of business must submit this for fingerprints and background check.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Scars and Marks: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_