



VILLAGE OF MOUNT PLEASANT

Background/Police Record Check

Circle One: Liquor License - Agent | Massage License | Direct Seller | Food Truck Fee: \$25.00

Full Legal Name (print) _____ Date of Birth: ____ / ____ / ____

Address: _____ City _____ State _____ Zip _____

Sex: Female _____ Male _____ Race _____ Former Name: _____

Email: _____ Phone: _____

Driver's License Number: _____ Expiration Date ____ / ____ / ____

Other Valid ID e.g. Wisconsin Photo ID, Passport # _____

Place of Employment (Name & Address) : _____

Prior Street Address (if above address is less than 5 years): _____

City _____ State _____ Zip _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

COPY OF YOUR PHOTO ID MUST BE ATTACHED

Certification: I hereby certify that the information on this application is complete, accurate, true and agree to comply with all state and local laws, ordinances and regulations. By signing this form you agree to allow the Village to conduct a background check.

Signature of Applicant: _____ Date: ____ / ____ / ____

POLICE INVESTGATION USE ONLY

Mount Pleasant Police Department Comments:

Racine Police Department Comments:

C.I.B. & N.C.I.C. Comments:

Contact Dept Ag, Trade and Consumer protection for Direct Sellers Permits: 414-266-1234 jay.garbe@wisconsin.gov

Return Completed Form & Payment to:

Mount Pleasant Village Clerk
8812 Campus Drive
Mount Pleasant, WI 53406

Questions:

Village Hall Main Line: 262-664-7800 Option 3
Email: clerk@mtpleasantwi.gov

Date Received Stamp