

REQUIRED AGENT BACKGROUND CONSENT FORM

Agents, please complete the following information so a background check may be completed. Submit a copy of photo ID with this form. Photo identification can also be emailed to nicole@littlechutewi.org

Name (Last, First, MI)		Maiden Name / AKA
Street Address		City and Zip
Date of Birth	Sex	Phone
Email		Name of Business

Background Check Information. Use additional page if necessary

ALL Alcohol & Drug related Violations EVER	Status (pending charge, guilty, dismissed ect)	Date
Non-Alcohol and Non-Drug related CRIMINAL Violations. Traffic and any other within last 2 years	Status (pending charge, guilty, dismissed ect)	Date

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the Village of Little Chute, County of Outagamie, Wisconsin, for an "Operator's License" as provided by Section 125.17 of the Wisconsin Statutes.

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application maybe cause for denial.

Applicant's Signature _____

Date _____

Fox Valley Metro
Received on:
Approved:
Denial:

Clerk's Office Use Only
Received on:
Photo ID:
Background Sent: