UNION CITY POLICE DEPARTMENT	CONSENT TO OBTAIN CRIMINAL HISTORY & DRIVER'S HISTORY FOR ISSUANCE OF PERMIT

I hereby authorize the Union City Police Services Bureau and its agents to receive any criminal history or driver's history pertaining to me which may be in the files of any state or local criminal justice agency

Date: _____ Applicant Signature: _____

PRINT ALL OF THE FOLLOWING INFORMATION

NAME

Last Name _____ First Name _____ Middle Name _____

ADDRESS

Street # and Name _____ Apt. # _____ City/State/ZIP _____

TELEPHONE #

Area Code/Number

NAME OF BUSINESS Associated with Permit

TELEPHONE # Associated with Permit

Area Code/Number

DATE OF BIRTH

/ /

Month Date Year

SOCIAL SECURITY #

- -

DRIVER'S LICENSE #

- -

NOTARY SIGNATURE & SEAL

VITAL STATISTICS

HEIGHT	WEIGHT	HAIR	EYES	SEX	RACE
FT IN ' "	LBS	Color	Color	M F	

DO NOT WRITE BELOW THIS LINE

☐ Alcohol Permit ☐ Other: _____
☐ Taxi Permit

☐ Criminal History
☐ Driver's History ☐ Other

☐ Approved for Permit
☐ Permit Denied

Permit Number

Receipt Number

APPROVED BY

Signature and Title

DATE APPROVED

/ /

Month Date Year