



CITY OF GREENSBORO
AUTHORIZATION TO RELEASE INFORMATION FORM FOR STREET PERFORMERS
LICENSE

DATE OF APPLICATION: _____

	Last	First	Middle
LEGAL NAME:			
OTHER NAMES USED:			
	Street Number & Name	City	State Zip Code
CURRENT ADDRESS:			
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>			
ETHNICITY: Black <input type="checkbox"/> Hispanic/Spanish Surname <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>			
HOME/CELL PHONE #:		SOCIAL SECURITY #:	
DATE OF BIRTH:		PLACE OF BIRTH:	
	License/ID Number	Expiration Date	State of Issue
DRIVER'S LICENSE/ID :			

List Previous Addresses for the Past 5 Years

PRIOR ADDRESS 1:	
PRIOR ADDRESS 2:	

I acknowledge that any or all information provided by me is subject to verification and I hereby authorize the City of Greensboro to conduct a personal background investigation of me including any current or prior criminal arrests, and convictions.

APPLICANT SIGNATURE: _____ **DATE:** _____

*** An official government issued ID with photo is required in order to process the criminal record background check (i.e. U.S. Passport, Driver's License, etc.)****

GREENSBORO POLICE CERTIFICATION OF CRIMINAL RECORD BACKGROUND CHECK

Qualifies: Yes No

The undersigned Greensboro Police Employee certifies that a background check has been performed and that the applicant:

Has not been convicted of two (2) or more offenses within a period of five (5) years preceding the application where each offense involved an assault, communicating a threat, illegal use of a weapon or other act of violence or attempted violence.

This the _____ day of _____, 20_____.

Signature: _____ Printed Name: _____

COLLECTION DIVISION – OFFICE USE ONLY

DATE OF PREVIOUS PRIVILEGE LICENSE:	DATES OF PREVIOUS REVOCATIONS, IF ANY:
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REVENUE AGENT SIGNATURE:	DATE:
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