

APPLICATION FOR CITY LICENSE
MOBILE ICE CREAM VENDOR
APPLICATION FEES ARE NON-REFUNDABLE
License is valid for 24 months from the date of issuance

Check type of License applied for:

APPLICATION TYPE

Applicant Employee Lessee

Name of corporation or company by whom you will be owner; employee; lessee

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS CITY/STATE/ZIP _____

BUSINESS PHONE _____

Is this a -NEW -RENEWAL application?

Fee \$ _____

License No. _____

Payment

Cash Check # _____

Date: _____

Receipt # _____

Fees: Credit/Debit cards NOT accepted

| | <u>Initial</u> | <u>Renewal</u> |
|-----------------|----------------|----------------|
| Application Fee | \$96.75 | \$71.75 |
| Employee | \$46.75 | \$46.75 |

TO BE PROVIDED AT TIME OF APPLICATION:

\$1,000,000 proof of Liability Insurance with City of Rapid City named as additional insured; policy shall provide that the issuing company will not cancel the policy for any person without first serving a 10-day notice of cancellation upon the City by registered mail to the Finance Officer.

Non-approval of application: the applicant may appeal the denial, cancellation or revocation to the Common Council within 15 days after notice of the denial is sent by first class mail to the applicant at the address provided on the application.

Vehicles to be operated or controlled:

| Year | Make | Model and/or Body Style | Serial Number | State License Plate Number |
|------|------|-------------------------|---------------|----------------------------|
| | | | | |
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TO BE PROVIDED AT TIME OF APPLICATION:

Name and address of the registered and/or legal owner(s) of each vehicle;
 For each vehicle, verification of whether a State Health Department inspection is required and if so verification that each vehicle passed. (contact the South Dakota State Department of Health at 605-773-4945)

Personal History and Identification:

NAME OF: APPLICANT; EMPLOYEE; LESSEE (please print)

_____ (last) _____ (first) _____ (middle)

CURRENT PHYSICAL ADDRESS _____
(Street)

_____ (City/State/Zip)

PHONE (HOME) _____

Are you legally authorized to hold employment with the United States: -YES -NO

PLACE OF BIRTH _____

| | | | | | |
|--------|--------|------|------|------|-----|
| AGE | DOB | SS# | DL# | | |
| HEIGHT | WEIGHT | HAIR | EYES | RACE | SEX |

Please list the local telephone number(s) at which you can be contacted and the hours you can be contacted:

Phone () _____ Hours _____ - _____
 Phone () _____ Hours _____ - _____

EMPLOYMENT - Beginning with current employment, please list all jobs you have held in the past five years and the dates of employment. If more space is required, please provide information on an additional sheet of paper.

| Company Name | Street Address | City/State | Dates Employed |
|--------------|----------------|------------|----------------|
| | | | |
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| | | | |
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LEGAL - If you have ever been arrested **or** convicted for any crime (excluding traffic citations), please provide details below.

| Approx Date | Agency & State | Circumstances & Disposition |
|-------------|----------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Have you ever been on court probation as an adult? Yes No
 If "Yes", please give details (including when, where, why).

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TRAFFIC - If operation of a motor vehicle is an integral part of the position you are being licensed for, an investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

| Name | Driver's License # | State | Expiration Date |
|------|--------------------|-------|-----------------|
| | | | |

Please list all other states where you have been licensed to operate a motor vehicle _____

Please list all traffic citations (excluding parking citations) you have received within the last five years.

| Nature of Violation | Location (City/State) | Date | Disposition |
|---------------------|-----------------------|------|-------------|
| | | | |
| | | | |
| | | | |

Have you been involved as a driver in a motor vehicle accident within the last five years? Yes No

| Date | Location (City/State) | Agency | Citation | Disposition |
|------|-----------------------|--------|----------|-------------|
| | | | | |
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If there is any additional information you wish to explain, please indicate below.

ADDITIONAL INFORMATION MAY BE PROVIDED BY ATTACHING A SEPARATE PAPER TO THE APPLICATION.

WAIVER TO PERMIT BACKGROUND INVESTIGATION
Must be signed in front of a Notary

I, _____, hereby authorize the Rapid City Police Department to
(print name)
conduct an investigation into my complete history, including my former employment, together with any and all information concerning my abilities, personal character, credit history, arrest record, etc. I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation. I also hereby understand that I may be asked to submit to a polygraph examination, in order to verify aspects of this background investigation.

Signature of Applicant

Date

Seal

Notary Public

My Commission Expires

NOTICE: FAILURE TO DISCLOSE ANY CRIMINAL OR TRAFFIC OFFENSES MAY RESULT IN THE DENIAL OF THIS LICENSE BY THE RAPID CITY COMMON COUNCIL

SYSTEMS CHECKED: (For Department Use ONLY)

- Driver's License
 UJIS
 RCPD/PCSO
 DCI
 Other

Information Summary:

INVESTIGATOR _____
 SUPERVISOR _____

YES NO
 RECOMMENDED

DEPARTMENT: APPROVAL DISAPPROVAL

Date: _____

 Chief of Police

FINGERPRINTING SERVICES

Fingerprinting Service Hours: Monday through Friday; 8:00 a.m. to 3:00 p.m.

Appointment for fingerprinting can only be made by calling the Criminal Investigation Division at (605) 394-6612 during normal business hours, as listed above. Payment to the Finance Office must be made and valid identification provided to the fingerprint operator before your fingerprints are scanned.

Identification Required:

You must bring a valid form of photo identification with you to your appointment. Valid identification includes a valid driver's license or State issued identification card, military ID, or a valid passport. No other forms of identification will be accepted for purposes of fingerprinting.

Fingerprinting Location:

The Rapid City Police Department Evidence Building, located at 625 1st Street, Rapid City, SD.

| Fees: | Applicant | Employee |
|--|----------------|----------------|
| Credit/Debit cards NOT accepted | | |
| Application Fee | \$50.00 | \$00.00 |
| DCI Investigation | \$26.75 | \$26.75 |
| Fingerprint | <u>\$20.00</u> | <u>\$20.00</u> |
| Total Initial Fee | \$96.75 | \$46.75 |
| | | |
| Renewal Fee* | \$25.00 | \$00.00 |
| DCI Investigation | \$26.75 | \$26.75 |
| Fingerprint | <u>\$20.00</u> | <u>\$20.00</u> |
| Total Renewal Fee | \$71.75 | \$46.75 |