



**Application for Panhandlers' Privilege License
And Authorization for Criminal History Check**

Financial Management Services
Revenue Division
City of Winston-Salem
Post Office Box 2756
Winston-Salem, NC 27102
Telephone: 336.747.6954
Facsimile: 336.747.6918
www.cityofws.org

Application Date _____/_____/_____

PLEASE NOTE: Once issued, a panhandler privilege license is valid for the remainder of that fiscal year (July 1 – through June 30). Panhandler privilege licenses must be renewed each fiscal year, along with this application.

Applicant Name: _____

Have you ever used or been known by another name: Yes ___ No ___

If yes, please list all other names: _____

Date of birth: _____

Race: _____

Sex: _____

Current Address: _____

Have you had any other address(es) in the last two years? If so, please list all, including any addresses in states other than North Carolina:

Telephone () _____ - _____ Cell phone () _____ - _____

Other () _____ - _____ E-Mail _____

ID Type _____ Number _____ Exp Date _____

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I acknowledge that any or all information provided by me is subject to verification and that any false information on this application may result in the denial of a privilege license. I hereby authorize the City of Winston-Salem, through the Winston-Salem Police Department, to obtain a report of my criminal history, including any current or prior criminal arrests, and convictions.

APPLICANT

SIGNATURE: _____

DATE: _____

WINSTON-SALEM POLICE CERTIFICATION OF CRIMINAL HISTORY CHECK

Applicant Name: _____

Qualifies: Yes No

The undersigned Winston-Salem Police Department employee certifies that a two-year background check has been performed and that the applicant:

- (1) does not have two (2) or more violations of this chapter; or
- (2) has not been convicted of two (2) or more offenses under the law of any jurisdiction which involve either misdemeanor or felony assault, communicating threats or illegal use of weapons.

This the _____ day of _____, 20_____.

Signature: _____
Printed Name/Title: _____

WINSTON-SALEM REVENUE DIVISION – OFFICE USE ONLY

License Granted

Date issued: _____ **Number** _____ **Expiration Date:** _____

License Denied

Date denied: _____ **Reason:** _____

**AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with WINSTON SALEM POLICE DEPARTMENT pursuant to NC ORDINANCES - STATE ONLY.

(type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

Date

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # NC0340200 - WINSTON SALEM POLICE DEPARTMENT

NC0340200

