First Name:		MI:	Last Name:
Address:			
City:	State:	Zip Code: _	Phone #:
Business Name:			
City:	State: _	Zip C	ode:
NY State Driver'	's License No.:		
Date of Birth:		Height:	Weight:
Hair color:		Eye Color:	Ethnic:
Place of Birth: _			
Reference:			
Reference:			
Do you have emp	oloyees: [] yes	[ ] no	I work alone: [ ] yes [ ] no
Have you ever be	een convicted of	f a misdemeanor	or felony: [] yes [] no
If convicted, for	what and where		
		Applicant's Signature	gnature
l recommend: ap	pproval	disa	pproval
Chief of Police			City Clerk

Date: \_\_\_\_\_\_\_, 20\_\_\_\_\_\_