

**MMFL/MRTMA**

**ADDENDUM A**

**CRIMINAL HISTORY RECORD AUTHORIZATION**

The City of Center Line may obtain a criminal history records check as part of the MMFL/MRTMA permit application process.

**Complete a separate form for each individual subject to a background check.**

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Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the City of Center Line Clerk's Office. I understand that my ethnicity, date of birth, sex, and my age will not be made a part of my Application, nor will they be considered in the review of my requested MMFL permit.

I acknowledge that a complete full background investigation, including but not limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Center Line City Clerk's Office has the right to deny issuance of a Permit based on the results of this investigation.

*(Please Print Clearly)*

<b>Full Name:</b>		<b>Maiden/Other:</b>
<b>Date of Birth:</b>	<b>Sex:</b>	<b>Race:</b>
<b>Driver's License Number:</b>		
<b>OWNER      EMPLOYEE      (circle one) of the Applicant</b>		
<b>List all names you have ever used:</b>		

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Signature

***NOTE: ALL CRIMINAL HISTORY RECORD AUTHORIZATION MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION . CRIMINAL HISTORY RECORD AUTHORIZATIONS MUST BE SUBMITTED PRIOR TO EMPLOYMENT.***

**MMFL/MRTMA**

**ADDENDUM B**

**OWNER INFORMATION**

<b>Full Name (Last, First, Middle):</b>		<b>Date of Birth:</b>
<b>Home Address:</b>		<b>Social Security Number:</b>
<b>Daytime Phone Number:</b>	<b>Alternate Phone Number:</b>	
<b>Business Name:</b>		<b>Website Address:</b>
<b>Primary Occupation:</b>		
<b>Primary Employer:</b>		
<b>Business Address of Primary Employer:</b>		
<b>Daytime Phone Number:</b>	<b>Email Address:</b>	

Does the above-referenced person or any business with which he or she is affiliated owe money to the City of Center Line?  Yes  No

If Yes, describe the reason: \_\_\_\_\_

\_\_\_\_\_

List all businesses in which the above-referenced person has an ownership percentage of 25% or greater:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***NOTE: ALL OWNER INFORMATION FORMS MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION***

**MMFL/MRTMA**

**ADDENDUM C**

**EMPLOYEE INFORMATION FORM**

<b>Full Name (Last, First, Middle):</b>	<b>Date of Birth:</b>
<b>Home Address:</b>	
<b>Daytime Phone Number:</b>	<b>Alternate Phone Number:</b>
<b><u>Most Recent Employer:</u></b>  <b>Business Name:</b>  <b>Position(s) Held:</b>  <b>Dates of Employment:</b>  <b>Reference Person/Phone Number:</b>	

***NOTE: ALL EMPLOYEE INFORMATION FORMS SHALL BE SUBMITTED BY THE MMFL EMPLOYER ONLY AFTER THE EMPLOYEE'S CRIMINAL HISTORY CHECK HAS BEEN APPROVED & MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION***