



# VILLAGE OF UNION GROVE BACKGROUND CHECK/POLICE RECORD CHECK

Circle One: Liquor License - Agent | Massage License | Peddler Permit | Food Truck

Fee: \$10.00

Full Legal Name (print) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Race \_\_\_\_\_ Former Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Valid ID e.g. Wisconsin Photo ID, Passport # \_\_\_\_\_

Place of Employment (Name & Address) : \_\_\_\_\_

Prior Street Address (if above address is less than 5 years): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**COPY OF YOUR PHOTO ID MUST BE ATTACHED**

Certification: I hereby certify that the information on this application is complete, accurate, true and agree to comply with all state and local laws, ordinances, and regulations. By signing this form, you agree to allow the Village to conduct a background check.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLICE INVESTGATION USE ONLY**

Racine County Sheriff Department Comments:

C.I.B. & N.C.I.C. Comments:

Contact Dept Ag, Trade and Consumer protection for Direct Sellers Permits: 414-266-1234 jay.garbe@wisconsin.gov

Return Completed Form & Payment to:

Village of Union Grove Village Clerk  
925 15<sup>th</sup> Ave  
Union Grove, WI 53182

Questions:

Village Hall Main Line: 262-878-1818 Option 2

Email: [info@vi.uniongrove.wi.gov](mailto:info@vi.uniongrove.wi.gov)

Date Received Stamp