



Douglas County

SHERIFF

"A Tradition of Service"

Ron Pierini
SHERIFF

DOUGLAS COUNTY LIQUOR/GAMING LICENSE APPLICATION (Please Print)

Date: _____

Name of Applicant: _____ Sex: M _____ F _____

Aliases or Nicknames: _____

Home Mailing Address: _____

Home Physical Address: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security # _____ Driver's License # _____

Marital Status: Married _____ Divorced _____ Single _____

Describe all scars, marks and tattoos: _____

U. S. Citizen: Yes _____ No _____

If **naturalized**, state when and where and give Naturalization Number: _____

Present employer name and address: _____

Your Job Title and Duties: _____

Did you complete High School? Yes _____ No _____

If **yes**, give year of completion, name and location of school: _____

Military service? Yes _____ No _____ Branch of Service: _____

Type of Discharge: _____

Have you ever been divorced: Yes _____ No _____

If **yes**, complete the following:

<u>Date</u>	<u>Location</u>	<u>Court</u>	<u>Spouse's Full Name</u>

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