

Criminal Charges:

I certify that all of the information provided is true and complete and that the issuance of a permit to conduct this business will not occur until a complete criminal background check is completed and a permit issued.

Applicant's Signature: _____ Date: _____

Sworn to, and subscribed before me,
this the ____ day of _____, _____

Notary Public

My commission expires: _____

FOR OFFICE USE ONLY

Application Received By: _____ (For Town of Matthews) _____ (Date)

- Date forwarded to Police Department for background investigation _____
- Date final report received from Police Department _____
 - Recommended for issuance _____
 - Date for Town Council consideration _____
 - Recommended for denial _____
 - Date communicated to applicant _____
 - Applicant's submission of fingerprints (appeal) _____
 - Date report received & communicated to applicant _____

Permit Issued By: _____ (For Town of Matthews) _____ (Date) _____ (Permit #)

Permit Expiration Date: _____

For questions about form or ordinance: Town Clerk Lori Canapinno 704-847-4411
Police Records Office 704-845-1973
SolicitorPermits@MatthewsPolice.org