Permit Application – Ice Cream Vendors Applications processed between 8:30 – 12:00 and 1:00 and 4:00 **Monday through Friday**

City Hall - 1201 Oak St; Conway, AR 72032 - 501-450-6100

Note: Application and fee will be required for each driver

NAME OF BUSINESS					
BUSINESS ADDRESS					
BUSINESS PHONE #					
NUMBER OF EMPLOYEES					
****************	*********	******	*******	******	*
NAME OF APPLICANTFirst	Middle	La	ast		
APPLICANTS ADDRESS					
APPLICANT HOME/CELL PHONE # _					
APPLICANT DATE OF BIRTH					
APPLICANT DRIVERS LICENSE # _					
APPLICANT SIGNATURE		DATE			
The required permit fee and all requir before a permit will be issued.	ed documents listed	I on the att	ached she	et are require	d
FOR OFFICE USE ONLY	000000000000000000000000000000000000000				
DL. <u>AR</u> EXP	Date Receiv	Date Received			
Health Department Approval	_ Record Ch	eck			
Permit Number:	Approved:	YES	_ NO		

ARKANSAS STATE POLICE



Identification Bureau Individual Record Check Form

Procedure For Criminal History Check

- 1. The ASP form 122, Individual Record Check Form, must be completed in its entirety.
- 2. A check or money order in the amount of \$25.00 made payable to the Arkansas State Police, must be included.
- 3. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
- 4. If the request is made by mail, the signature on the ASP form 122 must be notarized.
- 5. If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.
- 6. If the request is made in person at our office by a third party, such as an employment agency or employer, the ASP form 122 must be notarized.
- 7. If the request is required by a particular licensing entity as mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Send requests to:

Arkansas State Police Identification Bureau 1 State Police Plaza Dr. Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.

ARKANSAS STATE POLICE



☐ 82005 State Record Check

Identification Bureau Individual Record Check Form

Full Name:			/			
First	Middle	Last Name	Maio	Maiden/Other		
Date of Birth:	State of I	Birth:	Race:	Sex:		
(Month/Da	y/Year)					
Social Security #:	I	Driver's Licens				
				State		
Mailing Address:						
Street	City	7	State	ZIP		
Daytime Phone #: ()		_				
I GIVE MY CONSENT FOR T RECORD SEARCH ON MYS PERSON OR ENTITY: Name:	ELF AND RELEASE ANY					
Mailing Address:	City			710		
	,		State	ZIP		
Signature: (First/MI/Last Nai	 me)		Date:	th/Day/Year)		
` , ,	L BE PROCESSED WITHOU	T A NOTABIZED	•	, , ,		
•		I A NOTAKIZED	AR920310Z PLACEMENT AND RESIDENTIA LICENSING UNIT Attn: Kathy MacKay 2017 E. Race Ave. Searcy, AR 72143			
STATE OF	§	LI A 20				
Subscribed and sworn before	re me, a Notary Public, ir	and for the co	ounty and	state		
aforesaid, this the	day of	, 20				
			Notary Pul			
☐ 82004 State Record Che	eck					