



**Charlestown Vendor Food Sales Permit -  
CRIMINAL BACKGROUND CHECK  
CONSENT FORM**

Name of Vender: \_\_\_\_\_

Print Individual Name: \_\_\_\_\_  
(First) (Middle) (Last)

Position with Vendor: \_\_\_\_\_

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) Street City State/Zip Code

Last Previous Address Since: \_\_\_\_\_  
(Mo/Yr) Street City State/Zip Code

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

I hereby authorize the City of Charlestown, Indiana and its designated agents and representatives to conduct a criminal background check on myself for purposes of determining my eligibility to obtain a Remote Food Sales Permit from the City of Charlestown. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any agency in all federal, state, county, and municipal jurisdictions, driving records, birth records, and any other public record. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Charlestown or its agents and representatives. I further authorize the complete release of any records or data pertaining to me which said entities may have to the City of Charlestown or its agents and representatives, including information or data obtained from other sources.

I further acknowledge that all employees or representatives of Vendor that either serve food or take payment from customers at the remote premises of the Vendor are required to separately consent to this criminal background check and may not begin working at the premises of the Vendor until the criminal background check is completed and submitted to the City of Charlestown. I further acknowledge that the cost of conducting this criminal background check shall be borne by the Vendor and that a Remote Food Sales Permit will not be issued to the Vendor until said cost is paid in full to the City of Charlestown.

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