



FDLE Criminal History Information Request

City of Cooper City
 Local Business Tax Receipt Application
 P.O. Box 290910
 Cooper City Florida 33329-0910
 (954) 434-4300, Ext: #230

The City of Cooper City requires a payment in the amount of **\$30.00** dollars, per Owner/Officer/Partner, to conduct an FDLE criminal background check for each applicant.

Business Name:					
Fictitious Name:					
Address:				Suite:	
City:		State:		Zip Code:	
Business Telephone:		Business E-Mail:			

Criminal Background Check Request

First Name:		Middle Name:		Last Name:	
Maiden Name/Aliases/Nickname(s):					
Race:		Sex:		Date of Birth:	
SSN:					
Home Address:				Suite:	
City:		State:		Zip Code:	

Required Information

Name – Complete Name of Person **Sex** – Male or Female **Date of Birth**

Race – White, Black, American Indian, Alaskan, Asian or Pacific Islander

- Please Indicate Hispanic Persons as White or Black Based on Skin Color -



Local Criminal Background Check

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In accordance with City of Cooper City Ordinance No. 95-9-7, Chapter 9, Section 9-3(e), the Building Department is requesting a local criminal background check on the following Local Business Tax Receipt applicant:

Business Name:				
Fictitious Name:				
Address:			Suite:	
City:		State:		Zip Code:
Business Telephone:		Business E-Mail:		

Have you ever been arrested? **Yes** **No**

If yes, please list (1) Date and Charge(s) (2) Arresting Agency Name and Location (3) Court Disposition and (4) Be prepared to provide any requested documents pertaining to arrest(s) and disposition(s).

Criminal Background Check Request

First Name:		Middle Name:		Last Name:	
Maiden Name/Aliases/Nickname(s):					
Race:		Sex:		Date of Birth:	
SSN:					
Home Address:			Suite:		
City:		State:		Zip Code:	

----- Office Use Only -----

The records indicate:

1. No Record Found Signature: _____ Date: _____

2. Criminal Record Found Signature: _____ Date: _____
 (See Attached Documentation)

Reviewed by Signature: _____ Date Reviewed: _____