WILLIAM P. MULLEN,

KEVIN M. KRAUS, CHIEF DEPUTY

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BUSINESS COMBINATIONS APPLICATION #:

(OFFICE USE ONLY) DATE: _____ LAST NAME: FIRST NAME: SSN: DOB: _____ RACE: SEX: DRIVER'S LICENSE #: STATE: EMAIL ADDRESS: STREET ADDRESS: _____ I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. Understanding that if I knowingly make any false statements herein, I am subject to penalties prescribed by law. I authorized the Sheriff to inspect only these records or documents relevant to information required for this application. Applicant's Signature: ______ OFFICE USE ONLY CHECKED BY: _____ FORWARDED TO: ____ SUPERVISOR'S REVIEW: _____ REPORT NUMBER: