

14. Applicant shall also provide:

- a certified copy of the charter, articles of incorporation, or other organizational documents if the company/entity is organized under the laws of a state;
- a certified copy of its permit or authority to do business/certificate of good standing in the state;
- documentation of property owner's authorization to use property for the applicant's vendor activity (if applicable);
- applicant shall pay a license fee of \$75, plus reasonable costs for the conduct of a background check and issuance of licenses to the entity and each individual acting on behalf of the vendor (\$25 for each individual acting on behalf of the company or entity).

15. Applicant understands and shall communicate to all individuals acting on behalf of the vendor the following:

- **Badges:** License badges issued by the City of Coweta must be worn on the front of the vendor's shirt while engaging in vending activity;
- **No Soliciting Signs:** Residents are permitted to post signage forbidding solicitation at a residence. Failure of the vendor to abide by such signage shall be punishable as a misdemeanor under Part 9, Chapter 2, Section 9-206 (Enforcement) and under Chapter 1, Section 1-108 of the City Code.

Signature of Applicant: _____

Printed Name and Title or Office: _____

Company/Entity Name: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

State of _____, County of _____

Subscribed and sworn before me this ____ day of _____, 20__.

My Commission Expires _____, 20__.

Notary: _____ Notary Seal:

AUTHORITY FOR RELEASE OF INFORMATION FOR ITINERANT VENDORS LICENSE

City of Coweta
P.O. Box 850
Coweta, OK 74429

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth (City/County)		State/Country		Social Security Number	

I, _____, do hereby authorize a review of and **full disclosure of all records**, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the City of Coweta whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; **employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me**, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is **to provide full and free access** to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Coweta to consider in an application for an itinerant vendors license. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to be an itinerant vendor in the City of Coweta. I understand that all materials pertaining to this background investigation become the property of the City of Coweta, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this ____ day of _____, 20__.

My Commission Expires _____, 20__.

Notary: _____

APPLICANT'S SIGNATURE		
STREET ADDRESS		
CITY	STATE	ZIP CODE

City of Coweta – Consumer Authorization and Release

In connection with **City of Coweta** considering me for an **Itinerant Vendor’s License**, I authorize **City of Coweta** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources through personal interviews with previous employers or associates. Motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state(s).

I authorize, without reservation, any person or entity contacted by **City of Coweta**, or its agent ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **City of Coweta**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration from employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: (918) 486-2189

LEGAL NAME _____ DOB* _____ SS# _____

OTHER NAMES USED _____

CURR. ADDR. _____ DL# _____ STATE _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____ DL# _____ STATE _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____ DL# _____ STATE _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER?) Yes No

Employer _____	City _____	Tel _____	Dates _____	From / To
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Employer _____	City _____	Tel _____	Dates _____	/
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Employer _____	City _____	Tel _____	Dates _____	/
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EDUCATION

Name _____	City, St _____	Tel _____	Date _____	From / To
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Years attended _____ Most Recent Last year completed: 1 2 3 4 Degree(s) _____

Last name if different while in School _____

****“Date of Birth” (DOB) or “Age” will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.**

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **City of Coweta** considering you for an **Itinerant Vendor's License**, **City of Coweta** may obtain a consumer report on you which may include information on character, general reputation, person characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 Cornerstone Church of God of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 Cornerstone Church of God, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 Cornerstone Church of God) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 Cornerstone Church of God after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

A SUMMARY OF YOUR RIGHTS

UNDER THE FAIR CREDIT REPORTING ACT

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

CRA's creditors and others not listed below

National banks federal branches/agencies of **Currency** foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Savings associations and federally chartered savings banks (word "federal" or initials "F.S.B." appear in federal institution's name)

Federal Reserve system member banks (except national banks, and federal branches/agencies Affairs of foreign banks)

PLEASE CONTACT:

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
202-326-3761

Office of the Comptroller of the
Compliance Management, MailStop 6-6
Washington, D.C. 20219
800-613-6743

Office of Thrift Supervision
Consumer Programs
Washington, D.C. 20552
800-842-6929

Federal Reserve Board
Division of Consumer & Community
Washington, D.C. 20551
202-452-3693

Federal Credit Unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State chartered banks that are not a member of the **Corporation**
Federal Reserve System
Affairs

Federal Deposit Insurance
Division of Compliance & Consumer
Washington, D.C. 20429
800-934-FDIC

Air-surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.

Department of Transportation
Office of Financial Management
Washington, D.C. 20590

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, D.C. 20250
202-720-7051