



Notice of Work Card Appeal Instructions

NAME: _____ E-MAIL: _____

POSITION: _____ EMPLOYER: _____

SCHEDULE DATE OF APPEAL: _____

The Appeal of your Work Card Denial is scheduled to be heard before the City Council on the above date at 9:00 a.m. The City Council meets at City Hall located at 495 S. Main St., 2nd Floor. Work Card Appeals are placed on the DISCUSSION portion of the agenda and are often heard at approximately 9:30 a.m.

PLEASE NOTE: Under the Las Vegas Municipal Code, in addition to written briefs, exhibits or other documentation submitted on behalf of your appeal, you or your legal counsel **MUST** attend the City Council meeting noted above. You or your counsel may make opening statements and should be prepared to make oral arguments to the City Council in support of your appeal. Your criminal history relied on by Metro as a basis for its denial, suspension or revocation of your work card and references shall become part of the public record and may be discussed openly during the appeal hearing which will be part of the television coverage of the City Council meeting. Your employer must also attend and speak on your behalf.

For questions or to report a delay in obtaining your report send an e-mail cwittwer@LasVegasNevada.gov with a subject title of: Work Card Appeal - Last Name.

Work Card Appeal Acknowledgement

To the City of Las Vegas Department of Planning, Business License Division:

I, _____, wish to submit a formal request for appeal of denial/suspension of my work card for City Council consideration. I understand that I am required to complete this application in its entirety in order for this application to be processed. I further understand that if a hearing before City Council is granted, I or my legal counsel will be prepared to make an oral argument to the City Council in support of the appeal. I have read and understand the Work Card Appeal instructions and requirements. I am aware that the City Council meeting is a public hearing process, and I agree to attend.

Signature

Date

All information on this form and any attachments are public record

Appeal of Work Card Denial Form
(Must be submitted within 10 calendar days of Work Card Denial)
(Please retain a copy for your records)

Las Vegas Municipal Code allows an applicant for a work card to appeal a denial, revocation or suspension of a work card within ten (10) calendar days of the Las Vegas Metropolitan Police Department's (Metro) denial based on a written notice of appeal.

This appeal of Work Card Denial is for a: ☐ New Work Card ☐ Renewal Work Card

Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Residence Address: _____

Mailing Address: _____

If different from residence address.

Telephone numbers: (home) _____ (cell) _____ Email _____

Type of employment denied (position): _____ Date of Hire: _____

Business Name of Prospective Employer: _____

Business Address: _____

Name of Business Owner: _____ Title: _____

Telephone Number of Employer's Contact Person: _____ Email _____

1. If there has been an error of fact or error of law, you will need to specify the error which caused an improper denial revocation, suspension or denial of the work card. If there has been no error then you will need to write "NONE" in the following line:

2. Provide a detailed reason why the City Council should reconsider the work card denial:

All information on this form and any attachments are public record

This application is only acceptable if it is completed in full (including the list of attachments below) and submitted to this office within 10 calendar days of the work card denial date:

- ☐ \$50 Processing Fee
- ☐ Signed Employer Acknowledgement of Appeal
- ☐ Copy of current state issued ID or driver's license
- ☐ Metropolitan Police Authorization to Release Form
- ☐ Copy of Denied Fingerprint Referral
- ☐ Detailed statement regarding the reason for denial

City of Las Vegas Business License Number (DEPARTMENT USE ONLY): _____

As part of my employer's support, I acknowledge that he/she has been fully informed of my adult criminal history, which includes the following:

CHARGE(S)	DATE	JURISDICTION	DISPOSITION

I certify and declare the forgoing statements are true and correct subject to penalty of perjury.

CONFIDENTIALITY RELEASE:

I do hereby waive any rights to confidentiality of criminal background reports produced in connection with the appeal and authorize the release of any such report prepared by the Metropolitan Police Department to the potential employer listed above and understand that all such information can and will be made public at a City Council meeting and will become part of the public records of the City of Las Vegas.

Print Name

Signature

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public in and for said County and State

All information on this form and any attachments are public record

Employer Acknowledgement of Appeal

NOTE: This formed to be turned in at time of application submittal and must be signed by the business owner.

Employer: _____

Employer Phone #: _____

License Number: _____

Employee Name: _____

ACKNOWLEDGEMENT:

I have offered employment to the above named individual and am aware that his/her work card was denied by the Metropolitan Police Department. Once a detailed report is complete, I agree to review the report with this potential employee and will file with the office of Business Licensing an Affidavit of Support as required by

[LVMC 6.86.160](#)

Print Name: _____

Title: _____

Signature: _____

Date: _____

All information on this form and any attachments are public record