



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106

Fax (702) 382-6642
TDD (702) 464-2540
E-mail us at license@lasvegasnevada.gov

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.

Las Vegas Municipal Code requires that:

1. Appeals be based on an error of law or error of fact in the decision of Metro to deny your work card, and
2. Your potential employer is required to sign an Affidavit supporting your work card appeal and detailing that the prospective employer has been informed of your adult criminal history, the crimes disclosed and the name, address and license number of the business.

A Criminal History Report and reasons for denial will be prepared by the Metropolitan Police Department for review by your potential employer. It is the applicant's responsibility to retrieve this report, review the report with their potential employer and return the Affidavit of Support.

IMPORTANT INFORMATION

- A. Retrieve and review your report with your prospective employer and have the employer sign the Affidavit of Support ([Form PL223](#) - see attached).
- B. File the original Affidavit of Support (attached) with Business Licensing by 5:30 p.m. on the Thursday (6 calendar days) Proceeding the date above. Failure to file this Affidavit may result in the denial of your appeal.

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 may also attend and speak on your behalf.

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

All information on this form and any attachments are public record



CITY OF LAS VEGAS
 DEPARTMENT OF PLANNING
 BUSINESS LICENSE DIVISION
 333 N. Rancho Dr., 6th Floor
 Las Vegas, NV 89106

Fax (702) 382-6642
 TDD (702) 386-9108
 E-mail us at license@lasvegasnevada.gov

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 identifying with specificity the errors of law or fact that the applicant believed were made in connection with Metro's decision.

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.

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)

Name of Prospective Employer: _____

Business Address: _____

Name of Employer's Contact Person: _____ Title: _____

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

Appeals will only be accepted based on error of fact or error of law. Specify the error which caused an improper denial, revocation or suspension (specific errors are required).

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:

- Signed Employer Acknowledgement of Appeal - to be submitted with this form (see attached).
- Copy of current state issued ID or driver's license
- Metropolitan Police Authorization to Release Form

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

Pursuant to Las Vegas Municipal Code [6.86.160](#), I have attached a signed statement from my employer who is in support of my employment. 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



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSE DIVISION
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106

Fax (702) 382-6642
TDD (702) 386-9108
E-mail us at license@lasvegasnevada.gov

Employer Acknowledgement of Appeal

NOTE: This form to be turned in at time of application submittal.

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:

Signature:

All information on this form and any attachments are public record



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
 333 N. Rancho Dr., 6th Floor
 Las Vegas, NV 89106

Fax (702) 382-6642
 TDD (702) 464-2540
 E-mail us at license@lasvegasnevada.gov

AFFIDAVIT of SUPPORT

NOTE: The person (Owner/Key Employee) filling out and signing this form must have gone through a background investigation in order for this form to be valid. Form to be completed once Owner/Key Employee has reviewed the final police report of the potential employee.

AFFIDAVIT:

I, _____ being first duly sworn, depose and state:

Employer Name
 I am the employer of _____ located at _____
 Employee's Name Business Name
 , _____ , _____
 Business Address License Number

The above referenced employee has applied for the position of _____

I have reviewed the Metro report of this employee dated _____
 NOTE: Date should be within the last 14 days Date on the Metro report

I support the employment of the above referenced employee and will attend the scheduled City Council Meeting.

I do not support the employment of the above referenced employee.

Additional Comments:

 Affiant's Printed Name

 Affiant's Signature

SUBSCRIBED AND SWORN TO before me

This _____ day of _____, 20 _____

 NOTARY REPUBLIC

Or Business license official signature: _____

All information on this form and any attachments are public record