

New Lenox Police Department

200 Veterans Parkway, New Lenox, Illinois 60451

Liquor Background Check Renewal Application

Name, Last, First – Middle – In Full

Business Name and Address

Alias – Nickname

Social Security #

Phone (Work/home)

Current Address

Date of Birth

Place of Birth

Height

Weight

Eye Color

Hair Color

Marital Status

Vehicle Operator's License Number:

Class:

Restrictions:

Expiration Date:

State:

Since your initial application has your license ever been suspended or revoked? Yes No

If Yes, Explain:

ARREST -- DETENTION -- LITIGATION

Show all arrests including criminal and traffic

Since your last application have you ever been arrested or detained by a Law Enforcement Agency? Yes No

Since your last application have you ever been involved in any court action, civil or criminal? (Include all traffic -- felony -- misdemeanor -- in this state or elsewhere)

Since your last application have you ever been fingerprinted for any reason? (Arrest -- applicant -- service -- other)

Since your last application have you ever had a problem with your participation in gambling or betting activities?

Yes No

If any answer to the above is YES, list date, place and full details:

