

New Lenox Police Department

200 Veterans Parkway, New Lenox, Illinois 60451

Liquor Background Check Initial Application

1. Name, Last, First – Middle – In Full

2. Business Name and Address

3. Alias – Nickname

4. Social Security #

5. Phone (Work/home)

6. Current Address

7. Date of Birth

8. Place of Birth

9. Height

10. Weight

11. Eye Color

12. Hair Color

13. Marital Status

14. List all residences for the past ten (10) years from present:

From	To	Street & Number	City	State
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15. Vehicle Operator's License Number:

Class:

Restrictions:

Expiration Date:

State:

Has your license ever been suspended or revoked? Yes No

If Yes, Explain:

16. Employment record for past ten years – include part-time and unemployment periods.

From	Name	Job Title	Why Did You Leave?
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To	Address	Description of Your Duties
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Salary	City & State	Supervisor's Name	Co-Worker's Name
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From	Name	Job Title	Why Did You Leave?
To	Address	Description of Your Duties	
Salary	City & State	Supervisor's Name	Co-Worker's Name

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To	Address	Description of Your Duties	
Salary	City & State	Supervisor's Name	Co-Worker's Name

17. Have you served in the U.S. Armed Forces?

18. **ARREST -- DETENTION -- LITIGATION**
Show all arrests including criminal and traffic

Have you ever been arrested or detained by a Law Enforcement Agency? Yes No

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

Have you ever been fingerprinted for any reason? (Arrest -- applicant -- service -- other)

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

19. GAMBLING

Have you ever had a problem with your participation in gambling or betting activities? Yes No

If Yes, Explain: _____

REFERENCES

20. CHARACTER: Do not include relatives.

Name	Address	Phone #

AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

I (or we) swear (or affirm) that I (or we) will not violate any of the ordinances of the Village of New Lenox or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief:

I understand that my fingerprints will be retained in the Federal Automated Fingerprint Identification System (AFIS) which sends out an arrest notification if I am charged with any crime. I affirm that I will notify the New Lenox Police Department if I am charged with any disqualifying crime while employed as the liquor manager.

Subscribed and sworn to before me this _____

Signature of Applicant

Day of _____ A.D., 20 _____

NOTARY PUBLIC

REQUEST FOR AND AUTHORITY TO RELEASE INFORMATION

THIS IS TO REQUEST THAT ANY INFORMATION CONCERNING THE FOLLOWING MATTER BE PROVIDED PURSUANT TO MY APPLICATION FOR A VILLAGE OF NEW LENOX LIQUOR LICENSE.

I REQUEST THAT THE CUSTODIAN OF RECORDS IN EACH INSTANCE PERMIT THE RECORD TO BE EXAMINED, COPIED OR OTHERWISE REVIEWED, AND HEREBY RELEASE ANY SUCH INSTITUTION, ORGANIZATION, BUSINESS OR COMPANY, INCLUDING ITS OFFICERS, EMPLOYEES OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION OR ANY ATTEMPT TO COMPLY WITH IT.

THE INFORMATION COLLECTED WILL BE HELD CONFIDENTIAL AND IS FOR THE SOLE USE OF THE NEW LENOX LIQUOR COMMISSION

1. Record of any medical treatment or history of any treatment for mental illness.
2. Records pertaining to any and all employment including service in the armed forces of the United States of America and records of any disciplinary action, court martial, or official reprimands while so employed.
3. Record of any credit history.
4. Record of any criminal arrest or conviction.

THIS AUTHORIZATION IS BEING FREELY GIVEN IN LIGHT OF THE INDIVIDUAL RIGHT TO REFUSE SUCH AUTHORIZATION AS PROTECTED BY FEDERAL LAW.

Full Name -- Printed

Signature

Social Security Number

Date

S E A L

Witness