



**VILLAGE OF VILLA PARK
APPLICATION FOR A RETAILER'S LICENSE ALCOHOLIC LIQUOR
AND
VILLA PARK POLICE DEPARTMENT
LIQUOR LICENSE BACKGROUND APPLICATION**

***Written permission for this application must be provided by the Villa Park liquor commission and attached to the application upon submission. All other applications will be denied.**

APPLICANT INFORMATION

APPLICANT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

LIST OTHER NAMES (INCLUDING ALIASES AND/OR MAIDEN NAMES OR PREVIOUS NAME IF YOUR NAME HAS BEEN LEGALLY CHANGED):

(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____
MONTH/DATE/YEAR

PLACE OF BIRTH: _____ **CITIZENSHIP:** _____
CITY/STATE (COUNTRY)

(SEX) (RACE) (HEIGHT) (WEIGHT) (EYES) (HAIR)

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER/STATE ID NUMBER: _____

HOME ADDRESS: _____

(STREET)

(CITY/STATE/ZIP)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

(STREET)

(CITY/STATE/ZIP)

TELEPHONE NUMBERS: HOME# _____

CELL# _____

BUSINESS# _____

LIST ANY SCARS, BIRTHMARKS, BLEMISHES, DEFORMITIES, AMPUTATIONS, TATOOS, ETC. THAT YOU MAY HAVE:

LIST PREVIOUS RESIDENCES DURING THE LAST FIVE YEARS:

(CITY)

(STATE)

(ZIP CODE)

(HOW LONG)

(CITY)

(STATE)

(ZIP CODE)

(HOW LONG)

(CITY)

(STATE)

(ZIP CODE)

(HOW LONG)

(CITY)

(STATE)

(ZIP CODE)

(HOW LONG)

LIST PREVIOUS AND CURRENT EMPLOYERS FOR THE PAST 5 YEARS:

(COMPANY NAME) (ADDRESS) (CITY/STATE/ZIP) (DATES EMPLOYED)

(COMPANY NAME) (ADDRESS) (CITY/STATE/ZIP) (DATES EMPLOYED)

(COMPANY NAME) (ADDRESS) (CITY/STATE/ZIP) (DATES EMPLOYED)

(COMPANY NAME) (ADDRESS) (CITY/STATE/ZIP) (DATES EMPLOYED)

LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDING SPOUSE, CHILDREN, FATHER, MOTHER, BROTHERS, AND SISTERS:

(NAME) (ADDRESS) (CITY/STATE/ZIP)

(OCCUPATION) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP)

(OCCUPATION) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP)

(OCCUPATION) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP)

(OCCUPATION) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP)

(OCCUPATION) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP)

(OCCUPATION) (RELATIONSHIP)

LIST THREE PERSONAL REFERENCES AND THEIR RELATIONSHIP TO YOU:

(NAME) (ADDRESS) (CITY/STATE/ZIP) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP) (RELATIONSHIP)

(NAME) (ADDRESS) (CITY/STATE/ZIP) (RELATIONSHIP)

LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND ALL INFORMATION LISTED BELOW:

NAME AND ADDRESS OF SCHOOLS. INCLUDING NUMBER OF YEARS COMPLETED, DATES ATTENDED, IF YOU GRADUATED AND YOUR AVERAGE GRADE.

GRAMMER SCHOOLS:

HIGH SCHOOLS:

JUNIOR COLLEGE, COLLEGES OR UNIVESITIES:

LIST MAJOR/MINOR:

BUSINESS COLLEGES:

EXTENSION OR CORRESPONDENCE COURSES:

ANY OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL. YOU MAY WANT TO INCLUDE ANY SPECIAL TRAINING COURSES:

**IF YOU WERE EVER SUSPENDED OR EXPELLED FROM ANY SCHOOL EXPLAIN BELOW IN
DETAIL:**

LIST BANK AND ACCOUNT NUMBERS CURRENTLY USED:

**IF YOU HAVE EVER BEEN ARRESTED, LIST ALL CRIMINAL ARRESTS, OTHER THAN
MINOR TRAFFIC VIOLATIONS. INCLUDE DATES, POLICE AGENCY, CHARGES, AND
COURT DISPOSITION:**

**IF YOU HAVE EVER USED ANY NARCOTICS OR BARBITUATES, LIST BELOW AND GIVE
FULL DETAILS:**

**IF YOU USE OR HAVE USED ALCOHOL HABITUALLY, LIST BELOW AND GIVE FULL
DETAILS:**

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

(STREET)

(CITY/STATE/ZIP)

TYPE OF BUSINESS: _____

TYPE OF OWNERSHIP: INDIVIDUAL _____

PARTNERSHIP _____

CORPORATION _____

FOR CORPORATION: LIST ALL STOCKHOLDERS OWNING 5% OR MORE

STOCKHOLDER'S NAME: _____

ADDRESS: _____

PERCENTAGE OWNED _____

STOCKHOLDER'S NAME: _____

ADDRESS: _____

PERCENTAGE OWNED _____

STOCKHOLDER'S NAME: _____

ADDRESS: _____

PERCENTAGE OWNED _____

DATE OF INCORPORATION: _____

STATE OF INCORPORATION IS: _____

IF OTHER THAN ILLINOIS, DATE QUALIFIED UNDER ILLINOIS BUSINESS CORPORATION ACT TO TRANSACT BUSINESS IN ILLINOIS: _____

THERE ARE _____ ADDITIONAL STOCKHOLDERS, EACH OWNING LESS THAN 5%. THE TOTAL OWNED BY ALL OF THEM IS _____ %

ARE ALL THE OWNERS, PARTNERS, OR ANY INDIVIDUAL OWNING MORE THAN 5% OF THE CORPORATION, A CITIZEN OF THE UNITED STATES?

NAME: _____ **YES** _____ **NO** _____

IF A NATURALIZED CITIZEN, WHEN AND WHERE NATURALIZED?

NAME: _____ **YES** _____ **NO** _____

IF A NATURALIZED CITIZEN, WHEN AND WHERE NATURALIZED?

NAME: _____ YES ___ NO ___
IF A NATURALIZED CITIZEN, WHEN AND WHERE NATURALIZED?

HAS ANY OF THE ABOVE MENTIONED INDIVIDUALS EVER BEEN CONVICTED OF ANY FELONY UNDER ANY STATE OR FEDERAL LAW?

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

HAS ANY OF THE ABOVE MENTIONED INDIVIDUALS EVER BEEN CONVICTED OF ANY CRIME UNDER THE FEDERAL OR STATE PROHIBITION OR LIQUOR ACTS?

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

HAS ANY OF THE ABOVE MENTIONED INDIVIDUALS EVER PERMITTED AN APPEARANCE BOND FORFEITURE FOR ANY OF THE VIOLATIONS MENTIONED IN THE LAST TWO PROCEEDING QUESTIONS?

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

NAME: _____ YES ___ NO ___
IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

NAME: _____ YES ___ NO ___

IF ANSWER IS "YES", GIVE DATE AND STATE OFFENSE:

HAVE YOU MADE AN APPLICATION FOR A SIMILAR LICENSE FOR ANY PREMISE OTHER THAN DESCRIBED ABOVE?

YES ___ NO ___

IF ANSWER IS "YES", STATE THE DATE, LOCATION OF PREMISES AND THE DISPOSTION OF THE APPLICATION:

IS OR WILL THIS BUSINESS BE CONDUCTED BY A MANAGER?

YES ___ NO ___

IF THE ANSWER IS "YES", COMPLETE THE FOLLOWING:

HAS A BACKGROUND INVESTIGATION BEEN COMPLETED BY THE INDIVIDUAL LISTED BELOW?

YES ___ NO ___

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

ARE THEY A CITIZEN OF THE UNITED STATES?

YES ___ NO ___

IF A NATURALIZED CITIZEN, WHEN AND WHERE NATURALIZED?

HAVE THEY EVER BEEN CONVICTED OF A FELONY UNDER ANY STATE OR FEDERAL LAWS?

YES ___ NO ___

IF ANSWER IS "YES", GIVE DATE AND STATE THE OFFENE(S):

HAVE THEY EVER BEEN CONVICTED OF ANY CRIME UNDER THE FEDERAL OR STATE PROHIBITION OR LIQUOR ACTS?

YES ___ NO ___

IF ANSWER IS "YES", GIVE DATE AND STATE THE OFFENSE(S):

HAVE THEY EVER PERMITTED AN APPEARANCE BOND FORFEITURE FOR ANY OF THE VIOLATIONS MENTIONED IN THE LAST TWO PROCEEDING QUESTIONS?

YES ___ NO ___

ARE YOU THE HOLDER OF A FEDERAL WAGERING STAMP? YES ___ NO ___

STATE PRINCIPAL KIND OF BUSINESS:

(SUCH AS, BUT NOT LIMITED TO: CLUB, RESTAURANT, HOTEL, DRUG STORE, DEPARTMENT STORE, GROCERY STORE, ETC.)

DATE OF WHICH PREVIOUS BUSINESS WAS BEGUN AT THIS LOCATION, LIST NAME OF PREVIOUS ESTABLISHMENT IF KNOWN:

DOES APPLICANT OWN PREMISES FOR WHICH THIS LICENSE IS SOUGHT?

YES ___ NO ___

IF THE ANSWER IS "NO" DOES THE APPLICANT HAVE A LEASE ON SUCH PREMISES?

YES ___ NO ___

IF THE APPLICANT DOES HAVE A LEASE STATE THE DATE OF THE APPLICANT'S LEASE AND DATE OF EXPIRATION THEREOF:

IS THE APPLICANT'S BUSINESS FOR WHICH LICENSE IS SOUGHT WITHIN 100 FEET OF ANY CHURCH, SCHOOL, HOSPITAL, HOME FOR AGE OR INDIGENT PERSONS OR FOR VETERANS, THEIR WIVES OR CHILDREN OR ANY MILITARY OR NAVAL STATION?

YES ___ NO ___

HAS ANY MANUFACTURE, IMPORTING DISTRIBUTOR DIRECTLY OR INDIRECTLY PAID OR AGREED TO PAY FOR THIS LICENSE, ADVANCE MONEY OR ANYTHING ELSE OF VALUE, OR ANY CREDIT (FURNISHED FIXTURES OR EQUIPMENT, OTHER THAN SIGNS OR OTHER ADVERTISING MATERIALS) OR IS SUCH A PERSON DIRECTLY OR INDIRECTLY

INTERESTED IN THE OWNERSHIP, CONDUCT OR OPERATION OF THE PLACE OF BUSINESS (INTERIOR DECORATIONS AND SIGNS EXEMPTED)?

YES ___ NO ___

IF ANSWER IS "YES", GIVE PARTICULARS:

IS ANY INDIVIDUAL WHO IS DIRECTLY OR INDIRECTLY INTERESTED IN APPLICANT'S PLACE OF BUSINESS, A LAW ENFORCING OFFICIAL, PRESIDENT OF THE VILLAGE BOARD OF TRUSTEES, MEMBER OF THE VILLAGE BOARD OF TRUSTEES, MEMBER OF ANY CITY COUNCIL, OR COMMISSION, OR PRESIDENT OR MEMBER OF A COUNTY BOARD?

YES ___ NO ___

HAS ANY LICENSE PREVIOUSLY ISSUED TO APPLICANT BY STATE, FEDERAL, OR LOCAL AUTHORITIES BEEN REVOKED?

YES ___ NO ___

IF ANSWER IS "YES", GIVE PARTICULARS:

HAS AN APPLICATION BEEN MADE FOR A RETAIL LICENSE FOR ANY PREMISES OTHER THAN THOSE DESCRIBED ABOVE?

YES ___ NO ___

IF ANSWER IS "YES", WHAT WAS THE DISPOSITION OF THE APPLICATION?

IF YOU OWN OR PREVIOUSLY OWNED OR HAVE BEEN A PARTNER IN A LIQUOR ESTABLISHMENT, LIST BELOW. INCLUDE NAME AND ADDRESS:

IS THE APPLICANT ENGAGED IN THE BUSINESS OF IMPORTING DISTRIBUTOR OR DISTRIBUTOR OF ALCOHOLIC LIQUORS?

YES ___ NO ___

IF ANSWER IS "YES", AT WHAT LOCATION OR LOCATIONS?

IS THE APPLICANT ENGAGED IN THE MANUFACTURE OF ALCOHOLIC LIQUORS?

YES ___ NO ___

IF ANSWER IS "YES", AT WHAT LOCATION OR LOCATIONS?

IS THE APPLICANT LICENSED AS A FOOD DISPENSER?

YES ___ NO ___

IF ANSWER IS "YES", LIST LICENSE NUMBER:
