New Lenox Police Department

701 W. Haven Avenue 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 you 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:

AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF WILL)

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