



INSTRUCTIONS FOR THE VILLAGE OF VILLA PARK AMUSEMENT SUPPLIER BACKGROUND APPLICATION

Attached to these instructions is an amusement supplier application form which must be completed as part of your background investigation. **Each** person who is an owner of the supply company must complete this form and return it to the **Village Of Villa Park located at 20 South Ardmore Avenue** to the attention of the **Licensing secretary, Jennifer Read.** **All information must be completed in full.** The completed form will be forwarded to the **Villa Park Police Department** by the next working day. Within a week of receipt of the application, the Villa Park Police Department will **contact you** to arrange for fingerprinting and to schedule an interview.

Your failure to **promptly** provide the attached form or to cooperate with requests for information by the Villa Park Police Department will only serve to delay a determination concerning your request for a license.

Once the **background investigation has been completed**, the **Licensing Secretary will contact you** about the results and will assist you on completion of the application process.

RETAIN THIS PAGE FOR YOUR REFERENCE

THANK YOU



**VILLAGE OF VILLA PARK
POLICE DEPARTMENT
AMUSEMENT SUPPLIER BACKGROUND APPLICATION**

40 S. ARDMORE, VILLA PARK, IL 60181 (630) 834-7447

INSTRUCTIONS: FILL OUT THIS APPLICATION COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION. IF WRITING SPACE PROVIDED IS INADEQUATE, USE THE CONTINUATION SHEET AT THE END OF THIS APPLICATION AND IDENTIFY ADDITIONAL INFORMATION BY QUESTION NUMBER. USE THE TERM "DNA" (DOES NOT APPLY) IF THE QUESTIONS DO NOT APPLY TO YOU.

1. Business Name & Address:

BUSINESS NAME	D/B/A
STREET	CITY/STATE/ZIP
	COUNTY

2. Name:	3. List any other names, aliases you may have used or been known by (include maiden name, if applicable):
LAST FIRST MIDDLE	

4. Home Address:	5. Home phone #	6. Social Security #	
STREET	() -	/ /	
	Cell Phone #	Drivers License/I.D. #	
CITY/STATE/ZIP	() -	/ /	
	COUNTY		

7. With whom do you live at the above address? List full names and relationships of each:

8. Date of birth:	9. Place of birth:	10. Sex	11. Height
M/D/Y	City State		' "
12. Weight	13. Age	14. Color of eyes:	15. Color of hair:

16. List any scars, birthmarks, blemishes, deformities, amputations, tattoos, etc. that you may have:

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17. Are you a U.S. Citizen?

Yes _____ No _____ Native born _____ Naturalized _____ if Naturalized, give particulars:

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18. List every member of your immediate family who is still living, (include father, mother, sisters and brothers):

NAME	ADDRESS	OCCUPATION	RELATIONSHIP
NAME	ADDRESS	OCCUPATION	RELATIONSHIP
NAME	ADDRESS	OCCUPATION	RELATIONSHIP
NAME	ADDRESS	OCCUPATION	RELATIONSHIP
NAME	ADDRESS	OCCUPATION	RELATIONSHIP
NAME	ADDRESS	OCCUPATION	RELATIONSHIP

MEDICAL HISTORY

19. Do you use or have you ever used any narcotics or barbituates? Yes _____ No _____	If yes, give full details:
20. Do you or have you ever used alcohol habitually? Yes _____ No _____	If yes, give full details:

CRIMINAL HISTORY

21. Have you ever been Convicted? Yes _____ No _____

If yes, please complete the following:

Date of conviction	By Whom (Police Agency)	Crime Charges	Disposition of Charges

22. Have you ever been placed on probation? Yes _____ No _____

If yes, explain:

EDUCATIONAL BACKGROUND

23. List the various schools you have attended and all information listed below:

Name and address of schools (including City & State)	No. of Years Completed	Dates Attended	Graduate		Average Grade
			Yes	No	
Grammar Schools:					
High Schools:					
Junior College, Colleges or Universities:					
List Major/Minor:					
Business Colleges					
Extension or Correspondence Courses					

24. Were you ever expelled or suspended from any school? Yes _____ No _____

If Yes, explain in detail:

OTHER INFORMATION

25. List any disciplinary action taken against you in the National Guard or Reserve Unit:

26. Have you ever filed Bankruptcy? _____ YES _____ NO

If yes, please explain:

CERTIFICATION

I HEREBY CERTIFY THAT THERE IS NO WILLFUL MISREPRESENTATION, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE AND ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

SIGNATURE OF APPLICANT

PLEASE PRINT NAME

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

SEAL

