



**INSTRUCTIONS FOR THE VILLAGE OF VILLA PARK
LIQUOR LICENSE
BACKGROUND APPLICATION
NON-REFUNDABLE FEE: \$500.00**

Attached to these instructions is a liquor license application form which must be completed as part of your background investigation. **Each** person who is seeking eligibility to receive a license must complete this form and return it to the Liquor Commission at the **Village Of Villa Park** located at **20 South Ardmore Avenue** to the attention of the **Liquor Commission Secretary**. **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 Liquor Commission **Secretary will contact you** about the results and will assist you on completion of the application process. Please be advised that the background investigation takes **30 - 90** days to complete. Your patience is greatly appreciated on this matter as there is much involved with this investigation.

Take special note:

The background investigation is only valid for a 90-day period **after** you are notified of the outcome. Therefore, if all required documentation is not submitted within 90-days of notification you may be required to provide a new background investigation and submit an additional investigation fee.

PLEASE MAKE PAYMENT IN THE AMOUNT OF **\$500.00** PAYABLE TO THE VILLAGE OF VILLA PARK. PAYMENT MUST BE SUBMITTED WITH APPLICATION. THIS FEE IS NON-REFUNDABLE

RETAIN THIS PAGE FOR YOUR REFERENCE

THANK YOU



VILLAGE OF VILLA PARK
LIQUOR LICENSE BACKGROUND APPLICATION
20 S. ARDMORE, VILLA PARK, IL 60181 (630) 834-8500

Please print clearly. Fill in all blanks, as any omissions could cause considerable delay.

NAME (LAST) (FIRST) (MIDDLE)

HOME ADDRESS (STREET) (CITY/STATE/ZIP)

BUSINESS NAME

BUSINESS ADDRESS (STREET) (CITY/STATE/ZIP)

HOME PHONE NUMBER BUSINESS PHONE NUMBER

ANY OTHER NAME YOU HAVE USED ANY NICKNAME YOU HAVE USED

DATE OF BIRTH SOCIAL SECURITY # DRIVER'S LICENSE #

SEX HEIGHT WEIGHT EYES HAIR RACE

PLACE OF BIRTH CITIZENSHIP

HAVE YOU RESIDED OUTSIDE OF THE STATE OF ILLINOIS DURING THE LAST FIVE (5) YEARS ON A PERMANENT BASIS FOR ANY PERIOD OF TIME?

YES _____ NO _____ IF YES, WHERE? _____ HOW LONG? _____

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS?

YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

DO YOU OWN, OR HAVE PREVIOUSLY OWNED OR HAVE BEEN A PARTNER IN A LIQUOR ESTABLISHMENT?

YES _____ NO _____ IF YES, LIST NAME AND COMPLETE ADDRESS: _____

LIST PREVIOUS **AND** CURRENT EMPLOYERS FOR THE PAST FIVE (5) YEARS:

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	DATE STARTED	DATE LEFT

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	DATE STARTED	DATE LEFT

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	DATE STARTED	DATE LEFT

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	DATE STARTED	DATE LEFT

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	DATE STARTED	DATE LEFT

LIST RESIDENCES FOR THE PAST FIVE (5) YEARS:

STREET	CITY/STATE/ZIP

STREET	CITY/STATE/ZIP

STREET	CITY/STATE/ZIP

STREET	CITY/STATE/ZIP

STREET	CITY/STATE/ZIP

LIST BANKS AND ACCOUNT NUMBERS CURRENTLY USED:

LIST THREE (3) 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

HAS YOUR NAME BEEN LEGALLY CHANGED? YES _____ NO _____ IF YES, INDICATE

PREVIOUS NAME: _____

WILL **THIS** BUSINESS BE A: _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP OR
_____ CORPORATION

WHAT IS OR WILL BE THE NAME OF **THIS** BUSINESS: _____

WHAT PERCENTAGE OF **THIS** BUSINESS DO YOU OWN? _____ %

LIST ANYONE WHO HAS INTEREST, FINANCIAL OR OTHERWISE, IN **THIS** BUSINESS:

NAME	ADDRESS	CITY/STATE/ZIP	DATE OF BIRTH

NAME	ADDRESS	CITY/STATE/ZIP	DATE OF BIRTH

NAME	ADDRESS	CITY/STATE/ZIP	DATE OF BIRTH

WHAT PERCENTAGE OF THIS BUSINESS DO THEY OWN? _____ %

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



**VILLAGE OF VILLA PARK
POLICE DEPARTMENT
LIQUOR LICENSE 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. Name:			2. List any other names, aliases you may have used or been known by (include maiden name, if applicable):		
LAST	FIRST	MIDDLE			
3. Home Address:			4. Home phone #	5. Social Security #	
STREET			() -	/ /	
CITY/STATE/ZIP			Cell Phone #	Drivers License/I.D. #	
COUNTY			() -	/ /	
6. With whom do you live at the above address? List full names and relationships of each:					
7. Date of birth:		8. Place of birth:		9. Sex	10. Height
M/D/Y		City	State		' "
11. Weight		12. Age	13. Color of eyes:		14. Color of hair:
15. List any scars, birthmarks, blemishes, deformities, amputations, tattoos, etc. that you may have:					
16. Are you a U.S. Citizen? Yes _____ No _____ Native born _____ Naturalized _____ if Naturalized, give particulars:					

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

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

NAME	ADDRESS	OCCUPATION	RELATIONSHIP
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NAME	ADDRESS	OCCUPATION	RELATIONSHIP
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NAME	ADDRESS	OCCUPATION	RELATIONSHIP
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NAME	ADDRESS	OCCUPATION	RELATIONSHIP
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MEDICAL HISTORY

18. Do you use or have you ever used any narcotics or barbituates?
Yes _____ No _____

If yes, give full details:

19. Do you or have you ever used alcohol habitually?
Yes _____ No _____

If yes, give full details:

CRIMINAL HISTORY

20. 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
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21. Have you ever been placed on probation? Yes _____ No _____

If yes, explain:

EDUCATIONAL BACKGROUND

22. 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					

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

If Yes, explain in detail:

24. List other formal education beyond High School. You may want to include any special training courses:

EMPLOYMENT BACKGROUND

25. List previous and current employers including complete addresses and contact person:

Company Name and Complete Address	Business Type	Supervisor Name/Title	Dates Worked		Monthly Salary	Title/Position Held
			From	To		
1.						

List Duties:

Reason For Leaving:

2.						
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List Duties:

Reason For Leaving:

3.						
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List Duties:

Reason For Leaving:

4.						
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List Duties:

Reason For Leaving:

5.						
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List Duties:

Reason For Leaving:

26. List any of the employers listed above that you do not wish to contact and state reason:

OTHER REFERENCES

27. Fill in the names of five (5) adults who are NOT related to you and are NOT former employers, who have known you for a period of more than five (5) years. All persons to whom you list will be asked for a reference, including experience, personality, and other qualities.

Full Name and Complete Home Address	Telephone Numbers		Business Name and Address	Occupation	Years Known
	Home	Work			
1.					
2.					
3.					
4.					
5.					

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

