



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)

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

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

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

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

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(OCCUPATION) (RELATIONSHIP)

---

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

---

(OCCUPATION) (RELATIONSHIP)

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

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(OCCUPATION) (RELATIONSHIP)

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

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(OCCUPATION) (RELATIONSHIP)

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

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(OCCUPATION) (RELATIONSHIP)

---

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

---

(OCCUPATION) (RELATIONSHIP)

LIST THREE PERSONAL REFERENCES AND THEIR RELATIONSHIP TO YOU:

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

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

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

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**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.**

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**GRAMMAR SCHOOLS:**

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**HIGH SCHOOLS:**

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**JUNIOR COLLEGE, COLLEGES OR UNIVERSITIES:**

**LIST MAJOR/MINOR:**

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**BUSINESS COLLEGES:**

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**EXTENSION OR CORRESPONDENCE COURSES:**

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

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

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**LIST BANK AND ACCOUNT NUMBERS CURRENTLY USED:**

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

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

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

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## 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:** \_\_\_\_\_

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

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**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?

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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:

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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:

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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:**

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**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:**

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**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 OFFENSE(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 \_\_\_**

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**ARE YOU THE HOLDER OF A FEDERAL WAGERING STAMP? YES \_\_\_ NO \_\_\_**

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**STATE PRINCIPAL KIND OF BUSINESS:**

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

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

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**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:**

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**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 \_\_\_**

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**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:**

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**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 \_\_\_**

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

**YES \_\_\_ NO \_\_\_**

**IF ANSWER IS "YES", GIVE PARTICULARS:**

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**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?**

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

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**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?**

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**IS THE APPLICANT ENGAGED IN THE MANUFACTURE OF ALCOHOLIC LIQUORS?**

**YES \_\_\_ NO \_\_\_**

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

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**IS THE APPLICANT LICENSED AS A FOOD DISPENSER?**

**YES \_\_\_ NO \_\_\_**

**IF ANSWER IS "YES", LIST LICENSE NUMBER:**

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