



LOCAL LIQUOR COMMISSIONER

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5301
W: desplaines.org

CONFIDENTIAL INFORMATION

The information below is confidential and shall be kept with the Liquor License for the business listed.

EMPLOYMENT STATUS:

[] New Hire [] Existing Date of Employment: _____

EMPLOYMENT TITLE:

[] Owner [] General Manager

APPLICANT INFORMATION

Name: _____ Phone #: _____

Home Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State of Issuance: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

BUSINESS INFORMATION

Company Name: _____ Phone #: _____

Address: _____

ATTESTATION

I hereby authorize the Police Chief, or his designee, to conduct a background check and report this information to the office of the Local Liquor Commissioner. I authorize any entity having information relevant to the application to release such information as requested by the City of Des Plaines. I understand that I waive any right I may have to receive notice from any persons contacted in furtherance thereof regarding the release of information relating to the application.

I affirm I have not ever plead guilty, been found guilty, received supervision, plead nolo contendere (no contest) to any felony under Federal State, County or Municipal law/statute/ordinance for any of the following:

- an offense involving moral turpitude
• pandering or other crime or misdemeanor opposed to decency and morality
• the keepers of a house of ill fame

Signature: _____ Date: _____