

NEW MANAGER/AGENT INFORMATION

If business is to be conducted by a manager or agent, the following is to be executed by such owner or agent:

(A) Name _____ Date of Birth _____
(month) (day) (year)

(B) Residence address _____
(number) (street) (city) (zip)
Phone Number _____ Cell Phone Number _____

(C) Social Security # _____ Driver's License # _____

(D) Address of present employer _____
(number) (street) (city) (zip)
Phone Number _____ (If not presently employed, information of most recent employer)

(E) Place of Birth _____

(F) Are you a citizen of the United States? _____ If a natural citizen, when naturalized? _____
(month) (day) (year)
Where? _____

Court in which (or law under which) naturalized _____
(attach a copy of certification of naturalization)

(G) Have you ever been convicted of any felony under Federal or State law? _____
If so, give date and State of offense _____
(date) (state)

(H) Have you ever been arrested for being the keeper of a house of ill fame; or of pandering or other crime,
misdemeanor or ordinance opposed to decency and morality? _____
If so, give date and State of offense _____
(date) (state)

(I) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934? _____
If so, give dates _____

(J) Have you ever permitted an appearance bond forfeiture for any of the violations mentioned in (G) or (H)?

(K) Have you made application for a similar other license for premises other than described in this application? _____
If so, give date, location of premises and disposition of application _____

(L) Has any license previously issued to you by State, Federal or local authorities been revoked? _____
If so, state reasons therefor and date of revocation _____

Submitted by: Business Name: _____

_____ address contact person phone number

YOUR SIGNATURE ATTESTS TO THE TRUTHFULNESS AND ACCURACY OF THE INFORMATION PROVIDED

Signature: _____ Date: _____

- PLEASE RETURN COMPLETED FORM TO THE VILLAGE CLERK'S OFFICE -



ELK GROVE VILLAGE POLICE DEPARTMENT

DAVID DORN
Chief of Police



A Nationally Accredited
Police Agency

INVESTIGATION AUTHORIZATION

I, the undersigned, hereby authorize the Elk Grove Village Police Department to conduct an investigation into my background concerning personal and financial affairs.

Any information or help you can give is greatly appreciated.

Signed: _____

Printed Name: _____

Date: _____





ELK GROVE VILLAGE POLICE DEPARTMENT

DAVID DORN
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EMPLOYMENT INVESTIGATION AUTHORIZATION

To:

I hereby authorize the Elk Grove Police Department to conduct an investigation into my employment background and do hereby release and hold harmless the Village from any liability for disclosing any and all records and documents pertaining to my employment with that organization.

Signed: _____

Printed Name: _____

Date: _____

