

FINGER PRINT APPLICATION FORM FOR OWNERS AND MANAGERS

Establishment:

Liquor/Amusement/Manager

McHENRY COUNTY LIQUOR CONTROL COMMISSION - APPLICANT QUESTIONNAIRE

NAME: _____ DRIVER'S LICENSE# _____
Last, First and Middle Initial (Maiden Name, if applicable)

LIST RESIDENCES FOR PAST 5 YEARS:

Current Address: _____

Address	Phone	# of years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BIRTH DATE: _____ BIRTH PLACE: _____ SS# _____
mo/day/yr City/State

U.S. CITIZEN? _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

EMPLOYER NAME, ADDRESS AND PHONE NUMBER: _____

POSITION: _____ HOW LONG EMPLOYED: _____

PREVIOUS EMPLOYER: _____

POSITION: _____ HOW LONG EMPLOYED: _____

Have you ever been convicted of any criminal activity other than minor traffic violations? _____ If yes, please explain: _____

Have you ever had an individual, partnership or corporate liquor license revoked? _____ If yes, please explain: _____

Have you ever been manager of any establishment which held a liquor license? _____ If yes, where: _____
and when: _____

Are you currently an elected or appointed public official? _____

SUBMIT THREE LETTERS OF CHARACTER REFERENCE (not relatives).

In consideration of this application, the applicant hereby authorizes the County of McHenry and the McHenry County Sheriff's Office to conduct a criminal background search for the above named applicant and hereby releases and forever discharges the County of McHenry and the McHenry County Sheriff's Department and all of their departments, officers, officials, servants, agents, employees, or insurers, charged or chargeable with responsibility or liability from any and all claims, both legal and equitable in the performance of said criminal background search.

I swear that everything in the questionnaire is true and correct to the best of my knowledge.

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Signature of Applicant

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