



City of Joliet

Bob O'Dekirk, Liquor Commissioner

150 West Jefferson Street Joliet, IL 60432-4158 [www.cityofjoliet.info](http://www.cityofjoliet.info)

PHONE: 815-724-3710 FAX: 815-724-3715

**BACKGROUND CHECK FOR LIQUOR/TOBACCO LICENSE**

**\*\* There is a non-refundable \$75.00 fee. Please make checks payable to the City of Joliet \*\***

**Applicant Information**

I am applying for a:  Liquor License  Resident Manager  Tobacco License

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

U.S. Citizen:  Yes  No If no, Country or Citizenship: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

How long at current address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Address: \_\_\_\_\_

How long at previous address: \_\_\_\_\_ Years \_\_\_\_\_ Months

**Background Information**

Have you ever been arrested?  Yes  No Any convictions?  Yes  No

If yes, list convictions: \_\_\_\_\_

List City/State: \_\_\_\_\_

Date(s): \_\_\_\_\_

Have you ever been denied a Liquor or Tobacco License?  Yes  No

If yes,  Liquor License  Tobacco License Jurisdiction(s): \_\_\_\_\_

**Business Information**

Corporation  LLC  Sole Proprietorship  Partnership

Name of Organization: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please call 815-724-3704 to schedule an appointment to be fingerprinted.**

I affirm the information provided on this application is true and accurate. I fully authorize the Joliet Police Department to conduct a criminal background check.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_