



City of Joliet

Bob O'Dekirk, Liquor Commissioner

150 West Jefferson Street Joliet, IL 60432-4158 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: _____