



STEPHENSON COUNTY LIQUOR CONTROL COMMISSION
50 W. DOUGLAS ST. – 5TH FLOOR, FREEPORT, IL 61032

FINGERPRINT APPLICATION FOR OWNERS AND MANAGERS

BUSINESS INFORMATION

Business Name:

Business Address:

Unit Number

City

State/Province/Region

Postal/ZIP Code

Business Phone:

OWNER'S / MANAGER'S INFORMATION

Name:

Date of Birth:

Place of birth

City

State/Province/Region

Race:

Sex:

Height:

Weight:

Hair Color:

Eye Color:

U.S. Citizen

Yes

No

Home Phone:

Cell Phone:

Driver's License No.:

DL State:

Email Address:

Current Address:

Street Number and Name

Unit Number

City

State/Province/Region

Postal/ZIP Code

Length of time at current address:



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Previous Address:

Street Number and Name

Unit Number

City

State/Province/Region

Postal/ZIP Code

Length of time at previous address:

Have you ever been convicted of any criminal activity other than minor traffic violations?

Yes No

Have you ever had an individual, partnership or corporate liquor license revoked?

Yes No

Have you previously ever been manager of any establishment which held a liquor license?

Yes No

Are you currently an elected or appointed public official?

Yes No

AFFIDAVIT

In consideration of this application, the applicant hereby authorizes the County of Stephenson and the Stephenson County Sheriff's Office to conduct a criminal background search for the above-named applicant, and hereby releases and forever discharges the County of Stephenson and the Stephenson County Sheriff's Office 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 check.

ACKNOWLEDGEMENT

By checking this box, I acknowledge that I have read and agree to the above statements

Type Full Name & Date:

Attach three (3) letters of character reference, not from relatives or employers along with a clear legible copy of a valid State issued driver's license or identification card.